



County of Fairfax
Department of Tax Administration

www.fairfaxcounty.gov/dta
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Fairfax, Virginia 22035-0029
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2014

Retain yellow copy for your records

Transient Occupancy Tax
Towns of Clifton, Herndon and Vienna

Ch. 4, Article 13, Code of the County of Fairfax and Virginia State Code Section 58.1-1742

Owner Name: _____ For the Qtr/Month Ending: _____

Trade Name: _____ Account Number: _____

Business Address: _____

Mailing Address: _____

Receipts are for the quarter ending: ___ March 31 ___ June 30 ___ Sept. 30 ___ Dec. 31

1. Gross Rentals – Private Room Rentals 1 _____

2. ALLOWABLE DEDUCTIONS (add lines 2a through 2d) 2 _____

2a. Exempt rentals (30 consecutive days or more) _____

2b. Other (please specify) _____

2c. Refunds of rentals included in gross rentals above _____

2d. Refunds on rentals from previous report(s) _____

3. Net Rentals (subtract line 2 from line 1) 3 _____

4. TAX DUE (line 3 x 4%) 4 _____
Tax is due on or before the last day of the month following each quarter

5. PENALTY: (line 4 x 5%) 5a _____

5a. Due if remittance is postmarked later than the last day of the month following the end of the quarter

5b. Tax plus penalty (add lines 4 and 5a) 5b _____

6. INTEREST (line 5b x 0.42% for each month delinquent) 6 _____
If remittance is delinquent for a period of one month or more, interest shall be charged on the unpaid balance and shall accrue from the original due date. All delinquencies are subject to collection actions authorized by §58.1 of the Code of Virginia

7. TOTAL AMOUNT DUE TO FAIRFAX COUNTY (add lines 5b and 6) 7 _____

(Enclose a check payable to Fairfax County for the exact amount. Mail check and form to the address at the top of the form.)

Returns postmarked later than the last day of the month after closing date of the quarter reported above will be assessed a 5 percent penalty.

Willful refusal to file a tax return is subject to criminal penalties.

Subject to Va. Code, §58.1-3907, I hereby certify this return has been examined by me and is, to the best of my knowledge, a true, correct, and complete return.

Name and Title Signature

Date E-mail Telephone

		For Office Use Only	
_____	Transient Occupancy (Tourism) Tax	(GL 416100) §58.1-3824	Qtr/Month Ending _____
_____	Regional Transient Occupancy Tax	(GL 416095) §58.1-1742	Date Received _____
			Received By _____