

FAIRFAX COUNTY DEPARTMENT OF TAX ADMINISTRATION

QUARTERLY TAX RETURN FOR A SHORT TERM DAILY RENTAL BUSINESS

This return must be filed and the taxes paid no later than the 20th of the month following the end of the quarter. Retain a copy of this form for your records.

	BUSINESS INFORMATION			
Ον	wner Name: VA Sales ID:	FEIN:	FEIN:	
		er:		
Mailing Address: Location Address:				
Pr	operty Description:	☐ Heav	yy Equipment	
	COMPLETE THE FOLLOWING INFORMA	ATION:		
Th	e gross receipts reported are for the quarter ending: 🔀 Mar 31 🛭	☐ June 30 ☐ Sept 30	☐ Dec 31	
1.	Total Gross Receipts:	1_		
2.	Total Rental Receipts:	2		
A) Total Rental Receipts involving Personal Services:		Α		
3.	Adjusted Gross Rental Receipts (Subtract line A from line 2):			
4.	1. Total Gross Receipts from Short Term Rental (rentals of 92 consecutive days or less):			
B) Total Gross Receipts from Short Term Rental Property leased to a person affiliated with				
	the Lessor:	В		
	C) Total Gross Receipts from Short Term Rental Property Not Owned:			
	D) Total Gross Receipts from Exempt Rentals:			
5.	6. Adjusted Daily Short Term Rental Receipts (Subtract line B, line C, and line D from line 4):			
6.	Tax Amount (Multiply line 5 by 1%):	6		
7.	. Penalty for Late Payment (10% of line 6 or \$10; whichever is greater):			
8.	Interest (5% per year on the sum of line 6 and line 7):	8		
9.	. Total Amount Due (Add line 6, line 7 and line 8):			
	Enclose a check payable to Fairfax County for the exact amount.			
	Mail check and form to:			
	Fairfax County Department of Tax Administration			
	12000 Government Center Parkway, Suite 223 Fairfax, VA 22035			
	SIGNATURE AFFIDAVIT			
	bject to VA Code §58.1-3907, I declare I am authorized to complete the owledge and belief, the provided information is true, complete, and cor	·	the best of my	

WWW.FAIRFAXCOUNTY.GOV/TAXES

Signature

Print Name and Role

Date