



FAIRFAX COUNTY DEPARTMENT OF TAX ADMINISTRATION
APPLICATION FOR CERTIFICATION AS A SHORT TERM DAILY RENTAL BUSINESS

2025

Submit by February 17, 2025, or within 30 days of start of business. Retain a copy for your records.

BUSINESS INFORMATION

Owner Name: _____ VA Sales ID: _____ FEIN: _____
 Trade Name: _____ Date Began: _____
 Mailing Address: _____ Location Address: _____
 Headquarters Address: _____ Property Description: _____
 Heavy Equipment

COMPLETE THE FOLLOWING INFORMATION:

The gross receipts reported are for the 12 month period beginning January 1, 2024, and ending December 31, 2024.

1. Total Gross Receipts: **1** _____
2. Total Rental Receipts: **2** _____
 - A) Total Rental Receipts involving Personal Services: **A** _____
3. Adjusted Gross Rental Receipts (Subtract line A from line 2): **3** _____
4. Total Gross Receipts from Exempt Rentals: **4** _____
5. Total Gross Receipts from Short Term Rental (rentals of 92 consecutive days or less): **5** _____
 - B) Total Gross Receipts from Short Term Rental Property leased to a person affiliated with the Lessor: **B** _____
 - C) Total Gross Receipts from Short Term Rental Property Not Owned: **C** _____
6. Adjusted Short Term Rental Receipts (Subtract line B and line C from line 5): **6** _____

BUSINESS TAX CONTACT

Name: _____ Title: _____
 Email: _____ Phone: _____
 Fairfax County may contact me via email regarding Short Term Daily Rentals for the business listed above.

SIGNATURE AFFIDAVIT

Subject to VA Code §58.1-3907, I declare I am authorized to complete this form and certify that to the best of my knowledge and belief, the provided information is true, complete, and correct.

_____ *Print Name and Role* _____ *Signature* _____ *Date*

Office Use Only

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Received: _____ Approved _____
 Not Approved _____ Business Compliance Manager, Department of Tax Administration _____ Date