



**County of Fairfax  
Department of Tax Administration  
www.fairfaxcounty.gov/dta**

12000 Government Center Parkway, Suite 261  
Fairfax, Virginia 22035

Phone: 703-222-8234 option 3, TTY: 711, Fax: 703-324-3505

**2017**

**Retain yellow copy for your records**

**Application for Certification as a Short Term Rental Business**

To be completed by business owner for each location. Return by **Feb. 15, 2017**, or within 30 days from start of business.

For Office Use Only

Federal Tax Identification Number \_\_\_\_\_

Virginia Sales Tax Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Date Business Began In Fairfax County \_\_\_\_\_

Description of Property Rented \_\_\_\_\_

Heavy Duty Equipment Rental

Owner Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Headquarters Location \_\_\_\_\_

Fairfax County Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Tax Contact (Name and E-mail) \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED:**

The gross receipts reported are for the 12 month period beginning Jan.1, 2016 and ending Dec. 31, 2016.

1. Total Gross Receipts for the Period Indicated	<b>1</b>	_____
2. Total <b>Rental</b> Receipts for the Period Indicated	<b>2</b>	_____
3. Total Rental Receipts Involving <u>Personal Services</u>	<b>3</b>	_____
4. Gross Rental Receipts (subtract line 3 from line 2)	<b>4</b>	_____
5. Total Gross Proceeds from Short Term Rental	<b>5</b>	_____
6. Total Gross Receipts from Short Term Rental Property Leased to a Person Affiliated with the Lessor	<b>6</b>	_____
7. Total Gross Receipts from Short Term Rental Property <b>NOT</b> Owned	<b>7</b>	_____
8. Total Gross Receipts from Exempt Rentals	<b>8</b>	_____
9. Total Exclusions/Exemptions from Short Term Rental Receipts (Add lines 6, 7 & 8)	<b>9</b>	_____
10. Adjust Daily Short Term Rental Proceeds (Subtract line 9 from line 5)	<b>10</b>	_____

**CERTIFICATION:**

I, the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature Title Date

Section 2 - To be completed by Director of Department of Tax Administration

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Date Date Date

Business Acct. Number \_\_\_\_\_ Director, Department of Tax Administration Date