



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

2017

12000 Government Center Parkway, Suite 261
Fairfax, Virginia 22035
Phone: 703-222-8234 option 3 TTY: 711 Fax: 703-324-3500

Retain yellow copy for your records

Quarterly Tax Return for a Short Term Rental Business

To be completed by business owner for each location. Mail check and form to the address above.

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 _____

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 (refer to enclosed completion instructions)

The receipts reported are for the quarter ending: _____ March 31 _____ June 30 _____ Sept. 30 _____ Dec. 31

- 1 Total Gross Receipts 1 _____
- 2 Total Gross **Rental** Receipts 2 _____
- 3 Total Rental Receipts Involving Personal Services and Rental Property **NOT** Owned 3 _____
- 4 Adjusted Gross Rental Base (subtract line 3 from line 2) 4 _____
- 5 Total Receipts from Short Term Rental (rentals of 92 consecutive days or less) 5 _____
- 6 Total Gross Receipts from Short Term Rental Property Leased to a Person Affiliated with the Lessor 6 _____
- 7 Total Gross Receipts from Short Term Rental Property NOT Owned 7 _____
- 8 Total Gross Receipts from Exempt Rentals 8 _____
- 9 Total Exclusions/Exemptions from Short Term Rental Receipts (Add lines 6, 7 and 8) 9 _____
- 10 Adjusted Daily Short Term Rental Receipts (Subtract line 9 from line 5) 10 _____
- 11 Total Short Term Daily Rental Tax Due (Multiply line 10 by 1 percent) 11 _____
- 12 Penalty for Late Payment (10 percent of Tax Past Due or \$10; whichever is greater) 12 _____
- 13 Interest (5 percent per year on the sum of lines 11 and 12) 13 _____
- 14 Total Daily Rental Tax Paid (add lines 11, 12 and 13) (Enclose a check payable to Fairfax County for the exact amount.) 14 _____

This return must be filed and taxes paid no later than the 20th of the month following the end of the quarter.

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