



**County of Fairfax**  
**Department of Tax Administration**  
 www.fairfaxcounty.gov/dta  
 12000 Government Center Parkway, Suite 261  
 Fairfax, Virginia 22035-0029  
 Phone: 703-222-8234 option 3, TTY: 711, Fax: 703-324-3500

**2017**  
 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

	<b>For Office Use Only</b>	
_____ 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 _____