



County of Fairfax  
Department of Tax Administration

www.fairfaxcounty.gov/taxes  
12000 Government Center Parkway, Suite 261  
Fairfax, Virginia 22035  
Phone: 703-222-8234 Fax: 703-324-3505

2018

Retain yellow copy for your records

Application for Certification as a Short Term Daily Rental Business

To be completed by business owner for each location. Return by **Feb. 15, 2018**, 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, 2017 and ending Dec. 31, 2017

- 1. Total Gross Receipts for the period indicated 1 \_\_\_\_\_
- 2. Total **Rental** Receipts for the period indicated 2 \_\_\_\_\_
- 3. Total Rental Receipts involving Personal Services 3 \_\_\_\_\_
- 4. Gross Rental Receipts (subtract line 3 from line 2) 4 \_\_\_\_\_
- 5. Total Gross Proceeds from Short Term Rental 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 & 8) 9 \_\_\_\_\_
- 10 Adjust Daily Short Term Rental proceeds (Subtract line 8 from line 5) 10 \_\_\_\_\_

**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