



**County of Fairfax**  
**Department of Tax Administration**  
**www.fairfaxcounty.gov/taxes**  
 12000 Government Center Parkway, Suite 261  
 Fairfax, Virginia 22035  
 Phone: 703-222-8234 option 4; TTY: 711; Fax: 703-324-3505

**2020**

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. 17, 2020**, 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, Telephone and E-mail) \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED:**

The gross receipts reported are for the 12 month period beginning Jan.1, 2019 and ending Dec. 31, 2019

- |  |    |       |
|--|----|-------|
| 1. Total Gross Receipts for the period indicated   | 1  | _____ |
| 2. Total <b>Rental</b> Receipts for the period indicated   | 2  | _____ |
| 3. Total Rental Receipts involving <u>Personal Services</u>  | 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<br>Property leased to a person affiliated with the Lessor | 6  | _____ |
| 7. Total Gross Receipts from Short Term Rental Property <b>NOT</b> 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 9 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
Business Acct. Number _____	Director, Department of Tax Administration		Date _____