



County of Fairfax
Department of Tax Administration
 www.fairfaxcounty.gov/taxes
 12000 Government Center Parkway, Suite 223
 Fairfax, Virginia 22035-0029
 Phone: 703-222-8234, TTY: 711, Fax: 703-324-3500

2020

Transient Occupancy Tax
Towns of Clifton, Herndon and Vienna

Ch. 4, Article 13, Code of the County of Fairfax and Virginia State Code Section 58.1-1743

Owner Name: _____ Reporting Period MM/YY: _____
 Trade Name: _____ Account Number: _____
 Business Address: _____
 Mailing Address: _____

- 1. **GROSS 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 the reporting period
- 5. **PENALTY: (line 4 x 5%)**
 - 5a. Due if remittance is postmarked later than the last day of the month following the reporting period 5a _____
 - 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 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 following the period 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

	For Office Use Only	
_____ Transient Occupancy (Tourism) Tax	(GL 416100) §58.1-3824	Month Ending _____
_____ Transportation District Transient Occupancy Tax	(GL 416095) §58.1-1743	Date Received _____
		Received By _____
TOWN: DTA Form - TOT- CHV		Nov. 2019