



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

2021

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, 2021**, 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, 2020 and ending Dec. 31, 2020

- | | | |
|--|----|-------|
| 1. Total Gross Receipts for the period indicated | 1 | _____ |
| 2. Total Rental 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
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 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 _____