



**County of Fairfax
Department of Tax Administration
www.fairfaxcounty.gov/taxes**

12000 Government Center Parkway, Suite 223
Fairfax, Virginia 22035

Phone: 703-222-8234 option 4; TTY: 711; Fax: 703-324-3505

2021

Retain yellow copy for your records

Quarterly Tax Return for a Short Term Daily Rental Business

To be completed by business owner for each location. **Mail check and form to the address above.**

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 _____

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 (refer to enclosed completion instructions)

The receipts reported are for the quarter ending: _____ March 31 _____ June 30 _____ Sept. 30 _____ Dec. 31

- | | | | |
|----|--|----|-------|
| 1 | Total Gross Receipts | 1 | _____ |
| 2 | Total Gross Rental Receipts | 2 | _____ |
| 3 | Total Rental Receipts Involving <u>Personal Services</u> and Rental Property NOT owned | 3 | _____ |
| 4 | Adjusted Gross Rental Base (subtract line 3 from line 2) | 4 | _____ |
| 5 | Total Receipts from Short Term Rental (rentals of 92 consecutive days or less) | 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 and 8) | 9 | _____ |
| 10 | Adjusted Daily Short Term Rental Receipts (Subtract line 9 from line 5) | 10 | _____ |
| 11 | Total Short Term Daily Rental Tax Due (Multiply Line 10 by 1 percent) | 11 | _____ |
| 12 | Penalty for Late Payment (10 percent of Tax Past Due or \$10; whichever is greater) | 12 | _____ |
| 13 | Interest (5 percent per year on the sum of lines 11 and 12) | 13 | _____ |
| 14 | Total Daily Rental Tax Paid (add lines 11, 12 and 13)
(Enclose a check payable to Fairfax County for the exact amount.) | 14 | _____ |

This return must be filed and taxes paid no later than the 20th of the month following the end of the quarter.

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