**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  

**Transient Occupancy Tax**  
for Fairfax County  
Ch. 4, Article 13, Code of the County of Fairfax and Virginia State Code Section 58.1-174

*Do not use this filing form for properties located within the Towns of Clifton, Herndon or Vienna. Town Properties - please use the filing form TOT-CHV*

---

**Owner Name:**  
**Trade Name:**  
**Business Address:**  
**Mailing Address:**  

---

**1. GROSS ROOM RENTALS**

1. ________________

---

**2. ALLOWABLE DEDUCTIONS (add lines 2a through 2d)**

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 7%)**

Tax is due on or before the last day of the month following the reporting period  

4. ________________

---

**5. PENALTY: (line 4 x 5%)**

5a. Due if remittance is postmarked later than the last day of the month following the reporting period  
5b. Tax plus penalty (add lines 4 and 5a)  

---

**6. INTEREST (line 5b x 0.42% for each month delinquent)**

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 §58.1-6 of the Code of Virginia.  

6. ________________

---

**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**  
**For Office Use Only**  
**Telephone**

<table>
<thead>
<tr>
<th>Date</th>
<th>E-mail</th>
<th>For Office Use Only</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Transient Occupancy Tax (GL 416090) §58.1-3819</td>
<td>Month Ending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transient Occupancy (Tourism) Tax (GL 416100) §58.1-3824</td>
<td>Date Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transportation District Transient Occupancy Tax (GL 416095) §58.1-1743</td>
<td>Received By</td>
</tr>
</tbody>
</table>

**DTA Form - TOT-FCO**  
May 2021