



County of Fairfax
Department of Tax Administration
 www.fairfaxcounty.gov/taxes
 12000 Government Center Parkway, Suite 223
 Fairfax, Virginia 22035-0029
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2021

Transient Occupancy Tax*
for Fairfax County

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

* 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: _____ 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 6%) **4** _____

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

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

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) **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

Date	E-mail	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____