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

2022

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, 2022**, 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, 2021 and ending Dec. 31, 2021

1.	Total Gross Receipts for the period indicated	**1** _____
2.	Total **Rental** Receipts for the period indicated	**2** _____
3.	Total Rental Receipts involving Personal Services	**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 _____ Date Not Approved _____ Date

Business Acct. Number _____

_____
Director, Department of Tax Administration Date

Return form to Fairfax County Department of Tax Administration – address noted in box at top of form. November 2021