



**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

**2022**

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 <b>Rental</b> Receipts   | 2  | _____ |
| 3  | Total Rental Receipts Involving <u>Personal Services</u> and Rental Property <b>NOT</b> 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<br>(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)<br>(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