



FAIRFAX COUNTY DEPARTMENT OF TAX ADMINISTRATION
APPLICATION FOR CERTIFICATION AS A SHORT TERM DAILY RENTAL BUSINESS

2023

Submit by February 15, 2023, or within 30 days of start of business. Retain a copy for your records.

BUSINESS INFORMATION	
Owner Name: _____	VA Sales ID: _____ FEIN: _____
Trade Name: _____	Date Began: _____
Mailing Address: _____	Location Address: _____
Headquarters Address: _____	Property Description: _____
	<input type="checkbox"/> Heavy Equipment

COMPLETE THE FOLLOWING INFORMATION:

The gross receipts reported are for the 12 month period beginning January 1, 2022, and ending December 31, 2022.

- | | | |
|--|----------|--|
| 1. Total Gross Receipts: | 1 | |
| 2. Total Rental Receipts: | 2 | |
| A) Total Rental Receipts involving Personal Services: | A | |
| 3. Adjusted Gross Rental Receipts (Subtract line A from line 2): | 3 | |
| 4. Total Gross Receipts from Exempt Rentals: | 4 | |
| 5. Total Gross Receipts from Short Term Rental (rentals of 92 consecutive days or less): | 5 | |
| B) Total Gross Receipts from Short Term Rental Property leased to a person affiliated with the Lessor: | B | |
| C) Total Gross Receipts from Short Term Rental Property Not Owned: | C | |
| 6. Adjusted Short Term Rental Receipts (Subtract line B and line C from line 5): | 6 | |

BUSINESS TAX CONTACT	
Name: _____	Title: _____
Email: _____	Phone: _____
<input type="checkbox"/> Fairfax County may contact me via email regarding Short Term Daily Rentals for the business listed above.	
SIGNATURE AFFIDAVIT	
Subject to VA Code §58.1-3907, I declare I am authorized to complete this form and certify that to the best of my knowledge and belief, the provided information is true, complete, and correct.	
_____	_____
<i>Print Name and Role</i>	<i>Signature</i>

	<i>Date</i>

Office Use Only	
Received: _____	%
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Not Approved	Business Compliance Manager, Department of Tax Administration _____
	Date _____