



**Department of Tax Administration (DTA)
County of Fairfax**

**Vehicle Assessment Appeal Form
For Condition of Vehicle or For High Mileage Adjustment**

For personal property assessments, state law requires that car values (1) be from a recognized pricing guide as of January 1, of the tax year; and, (2) be applied uniformly to the class of property being assessed for local taxes.

To meet these requirements, Fairfax County uses the January edition of the National Automobile Dealers Association (NADA) Official Used Car Guide. Fairfax County uses the Clean Trade-In value assuming Clean Condition, as defined by NADA. In doing so, DTA uses the posted value.

Under §58.1-3503(B) of the Code of Virginia, the assessed value of a vehicle can be appealed by the taxpayer based on the actual **condition of property** in question. Under the law the taxpayer has the burden of proof to show that a vehicle's value is less than the assessment, based on the condition of the property (for example, you might submit a detailed itemized estimate of the damage from an auto body shop or an insurance company). You can also submit clear pictures of the license plates, VIN plate and all pertinent damage. Please remember, the assessment reflects the value "as of January, 1", so it is the condition of the vehicle as of that date that is pertinent.

If your appeal is for a **high mileage adjustment**, please attach a copy of the latest State Safety Inspection slip, vehicle repair receipt or a similar document to verify odometer reading. Adjustments are based on NADA high mileage tables.

Deliver Appeal Form to:

DTA, PERSONAL PROPERTY DIVISION

12000 Government Center Parkway, Suite 261, Fairfax, VA 22035
Phone: 703-222-8234; Fax: 703-653-7015; TTY: 711
E-Mail: DTAPPD@fairfaxcounty.gov

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Required Vehicle Information:

Make _____ Model _____ Year _____

Vehicle Identification Number (VIN) _____

Odometer Reading (no tenths) _____

If condition appeal, describe in detail the physical condition of the vehicle as of January 1, of the applicable tax year:

[Attach additional pages if necessary, along with any supporting documentation]

AFFIDAVIT

Subject to the penalty proscribed by Virginia Code §58.1-11,1 certify that the information contained on this form is complete and accurate.

Given under my hand this ____ day of _____, 20 ____.

Signature _____

Print Name _____

DMV ID _____

Daytime Telephone Number _____ - _____ - _____

E-Mail Address _____ . _____

(Rev. 07/31/2017)

Submitting this form, along with the requested documentation, does not relieve the requirement to pay the tax by the indicated due date. If near the due date, pay the amount due and any adjustments will be refunded as appropriate. Privacy Act Notice: Disclosure of your Social Security Number, *if any*, on this form is mandatory. The Fairfax County Department of Tax Administration is requesting this number in accordance with the authority provided by *Virginia Code Section 58.1-3017 and 42 U.S.C. Section 405*. Social Security Numbers are used as a means of identification for the filing, retrieval and processing of local tax appeal applications. Those numbers are also used where necessary to facilitate tax collection and to provide tax refunds to taxpayers. Social Security Account Numbers are regarded as confidential tax information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. *If you do not disclose a Social Security Number, you may encounter problems in the processing of your tax appeal application and refunds, if applicable.*