



# Short Term Rental Tax Spotsylvania County, Virginia

Account # \_\_\_\_\_

Deborah F Williams, Commissioner of Revenue  
 JFPA 01 10 01 PO Box 175, Spotsylvania VA 22553-0175  
 Phone: 540-507-7051 Fax: 540-582-7421  
 Website: [www.spotsylvania.va.us](http://www.spotsylvania.va.us) Email: [cor@spotsylvania.va.us](mailto:cor@spotsylvania.va.us)

## INSTRUCTIONS

- Complete Sections A, B & C.
- File **UbX'dUm** on or before the 20<sup>th</sup> day of the month following the close of each quarter.
  - In person** – Deliver to our office by 4:30 on the 20<sup>th</sup> of the month.
  - By mail** – Postmark on or before the 20<sup>th</sup> of the month.
- Make check payable to: **Treasurer, Spotsylvania County**
- Mail to: **Attn: Short Term Rental Division, Commissioner of Revenue, PO Box 175, Spotsylvania VA 22553-0175**

## A. Owner & Business Information

Owner's Name		Phone	
Mailing Address: Block / Street Name	City	State	Zip
Trade Name		Phone	
Physical Address: Block / Street Name (No PO Boxes)	City	State	Zip
Social Security #	Federal ID	Email Address	

## B. Calculating Tax

1.	Total Gross Receipts for the Period of		\$
2.	<b>Less Allowable Deductions ! 5ttUWXYX' @jhc f' gi ddcfhjb[ 'XcW a Ybh</b> (If rental exceeds 93 consecutive days or more, it is exempt from tax.) (If Zero, enter "0.")		< \$ >
3.	Taxable Rental Proceeds (Subtract Line 2 from Line 1)		\$
4.	Calculate Tax - 1% Tax of Taxable Proceeds from Line 3 (Multiply Line 3 by 1%)		\$
5.	Penalty/Interest Information Late Payment Penalty (If late, Multiply Line 4 by 10%) Interest (Accrues at rate of 10% per year) *Interest will begin to accrue after the last day of the month following the due date.		\$
6.	Total Due (Tax plus Penalty and Interest if applicable) (Add Line 4 and Line 5)		\$

## C. Declaration Of Seller

I declare that the foregoing statement and figures are true, complete, and correct to best of my knowledge.

\_\_\_\_\_  
*Signature of Owner or Agent*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name/Title*

\_\_\_\_\_  
*Phone*

### CR #067

Reporting Quarter	Due Date
1 <sup>st</sup> Qtr January to March	April 20 <sup>th</sup>
2 <sup>nd</sup> Qtr April to June	July 20 <sup>th</sup>
3 <sup>rd</sup> Qtr July to September	October 20 <sup>th</sup>
4 <sup>th</sup> Qtr October to December	January 20 <sup>th</sup>

### For Office Use Only

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Check # \_\_\_\_\_

(online form - rev 12/1+/1-)