



**ANN H. THOMAS**  
 Commissioner of the Revenue  
 COUNTY OF YORK, VIRGINIA

Post Office Box 189  
 Yorktown, Virginia 23690-0189  
 (757) 890-3383

**QUARTERLY REPORT – SHORT-TERM RENTAL**

**Online Filing Form – \*Due on or before the 20<sup>th</sup> day of the month following the Quarter being reported**  
 (\*If the due date falls on a Saturday, Sunday or legal Holiday, it is due the next business day)

This form will be processed within 24 hours (Monday thru Friday) of receipt, at which time you have the convenience to pay online through the Treasurer’s website, [www.yorkcounty.gov/treasurer](http://www.yorkcounty.gov/treasurer), select “Pay Consumer/Excise Tax”; pay online thru E-check (no convenience fee) or Credit Card (will be assessed a convenience fee). **This form may be mailed or submitted through the document portal.**

Account No.:		Payment Submitted via:   ▪ Mail   ▪ E-check   ▪ Credit Card
Name:		Business Address (Street #, Street Name, Unit or Suite #):
Trade Name:		
Mailing Address:		
City/State/Zip:		Web Address:
Business Phone (including area code):		Email Address:

Quarter #	Months of	*Due Date	Quarter #	Months of	*Due Date
#1	Jan, Feb, March	April 20 <sup>th</sup>	#3	July, Aug, Sept	October 20 <sup>th</sup>
#2	April, May, June	July 20 <sup>th</sup>	#4	Oct, Nov, Dec	January 20 <sup>th</sup>

1	GROSS RECEIPTS FROM ALL RENTALS FOR QUARTER:   ▪ #1   ▪ #2   ▪ #3   ▪ #4	\$
2	GROSS RECEIPTS FROM SHORT TERM RENTALS:	\$
3	LESS ALLOWABLE DEDUCTIONS ( <b>List Required</b> -submitted via:   ▪ Mail   ▪ Document Portal)	\$
4	BALANCE OF TAXABLE GROSS RECEIPTS (Line 2 less Line 3):	\$
5	TAX (1% of Line 4):	\$
6	PENALTY IF LATE FILING (10% of Line 5 [\$10.00 Minimum] ):	\$
7	TOTAL TAX AND LATE FILING PENALTY (Line 5 + Line 6):	\$
8	INTEREST IF RECEIVED AFTER THE *DUE DATE Multiply Line 7 by .00833 for each month filed after the *Due Date. (Annual Rate of 10%)	\$
9	TOTAL AMOUNT DUE (SUM of Line 7 + Line 8): <b>MAKE CHECKS PAYABLE TO: TREASURER – YORK CO</b>	\$

**SUBMIT ALONG WITH PAYMENT - (or file and pay online)**

**NOTICE:** This tax is held in trust until remitted to the County. In accordance with the state code § 58.1-3906 and § 58.1-3907 unless otherwise described, the owner, corporate officer or employee, or member or employee of a general partnership or limited liability company shall in addition to other penalties provided by law, be guilty of a Class 1 misdemeanor for failure to collect and remit these taxes. The wrongful and fraudulent use of such collections shall constitute embezzlement pursuant to § 18.2-111.

**OATH.** I the undersigned applicant do swear (or affirm), that the foregoing figures and statements (for the period stated) are true, full and correct to the best of my knowledge and belief and fully understand my obligations as stated in the above notice. **If submitting by the DOCUMENT PORTAL, this form must be initialed below, which will be the equivalent of your signature. If submitting by MAIL, this form must be signed.**

\_\_\_\_\_  
 Initials/Signature of person authorized to file

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone # (including area code & extension)

\_\_\_\_\_  
 Authorized person’s mailing address

\_\_\_\_\_  
 E-Mail Address

\_\_\_\_\_  
 Fax # (including area code)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Alternate authorized person

\_\_\_\_\_  
 Phone # (including area code & extension)

**(It is recommended that you PRINT and/or SAVE a copy for your records)**

**To submit this form through the document portal, please save your document then click [here](#).**