



Brandy N. Palazzone

Commissioner of the Revenue

County of York, Virginia
 Post Office Box 189, Yorktown, Virginia 23690-0189
 P: (757) 890-3383 | F: (757) 890-3380
 W: www.yorkcounty.gov/revenue
 E: revofc@yorkcounty.gov



QUARTERLY REPORT – SHORT-TERM RENTAL

Online Filing Form – *Due on or before the 20th 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 must be mailed with payment.

Account No.:		Payment Submitted via: <input type="checkbox"/> Mail <input type="checkbox"/> E-check <input type="checkbox"/> 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 th	#3	July, Aug, Sept	October 20 th
#2	April, May, June	July 20 th	#4	Oct, Nov, Dec	January 20 th

1	GROSS RECEIPTS FROM ALL RENTALS FOR QUARTER: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 _____ Year	\$
2	GROSS RECEIPTS FROM SHORT TERM RENTALS:	\$
3	LESS ALLOWABLE DEDUCTIONS (List Required -submitted via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail)	\$
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 .005 for each month filed after the *Due Date. (Annual Rate of 6%)	\$
9	TOTAL AMOUNT DUE (SUM of Line 7 + Line 8): MAKE CHECKS PAYABLE TO: TREASURER – YORK CO	\$

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 EMAIL, this form must be initialed below, which will be the equivalent of your signature. If submitting by MAIL or FAX, 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)