

Ryan S. Lafountain
Commissioner of the Revenue
City of Roanoke
215 Church Avenue SW,
Room 251 Roanoke, Virginia 24011
(540) 853-2524

Short Term Rental Annual Certification Form

Tax Year (Jan – Dec):	Business License#:
Trade Name:	
Owner, LLC, or CORP Name:	
Physical Location Address:	
Mailing Address:	
Contact Name:	
Telephone Number:	
E-Mail Address:	

Complete the following Short Term Rental Annual Certification information and return to the
City of Roanoke Commissioner of the Revenue’s Office on or before **January 31**

Total Gross Receipts for ALL business activity and business license classifications for the tax year stated above:	\$
Total Gross Receipts for all rental activity	\$
Total Gross Receipts for regular short term rental equipment <u>excluding</u> ‘heavy equipment’ rentals – 92 consecutive days or less	\$
Total Gross Receipts for ‘heavy equipment’ rental – 270 consecutive days or less:	\$

I (we), the undersigned, hereby certify under penalty of perjury that the information provided on this certification is true and correct to the best of my (our) knowledge and belief:

Authorized Signature

Date

Title