

Lois B. Jacob City of Fredericksburg
Commissioner of the Revenue



P.O. Box 644
Fredericksburg, VA 22404-0644
Telephone: 540 372-1207
Fax: 540 372-1197

APPLICATION FOR CITY LANDLORD LICENSE

Applicant's Name and Mailing Address	
Name:	
Street:	City Location:
Phone:	Federal I.D./SSN

Landlord Tax: *1st \$3,600 is exempt.
The tax rate is \$0.16 per \$100 of gross rents.
If your gross rents are \$3,601 - \$ 19,225, pay \$25.00
If your gross rents exceed \$19,225, subtract \$3,600 from the
Total and multiply the balance by .0016. That figure
is the amount you owe.
If your gross receipts are \$3,600 or less, you do not pay a tax.
You may enclose a check (made out to 'City Treasurer') or we will bill you.*

Date property became rental: _____
{If the property was rented prior to 2012, record the rents received for (3) prior years}
OR:

Estimate the rent from the time you began renting through 12/31/2012: _____

Check enclosed: _____ or Please bill me: _____

Print Name: _____

Signature: _____

Date: _____