



STEUBEN COUNTY FINANCE OFFICE  
 3 EAST PULTENEY SQUARE  
 BATH, NY 14810  
 607-664-2493

**ROOM OCCUPANCY TAX RETURN FORM**

*(Pursuant to Chapter 387 of the Laws of 1987 of the State of New York)*

**PLEASE PRINT OR TYPE**

Certificate # \_\_\_\_\_ Phone: \_\_\_\_\_

Business / Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_, NY \_\_\_\_\_

Quarter: \_\_\_\_\_ 12/1-2/29 - **Due 3/20**      \_\_\_\_\_ 3/1-5/31 - **Due 6/20**  
 \_\_\_\_\_ 6/1-8/30 - **Due 9/20**      \_\_\_\_\_ 9/1-11/30 - **Due 12/20**

Number of Rooms: \_\_\_\_\_ Final Return: business has been sold or permanently closed.

If Seasonal (indicate months of operation) \_\_\_\_\_

Type of Establishment: *Hotel* \_\_\_\_\_ *Motel* \_\_\_\_\_ *B & B* \_\_\_\_\_ *Other:* \_\_\_\_\_

**COMPUTATION OF TAX:**

- A. Gross Income Collected From Occupancy of Rooms \$ \_\_\_\_\_
- B. Less: (Exempt Organizations & Permanent Residents) (\$ \_\_\_\_\_)
- C. Less Refunds and Other Credits (\$ \_\_\_\_\_)
- D. Net Taxable Income (Line A minus Line B & C) \$ \_\_\_\_\_
- E. County Room Occupancy Tax Due (4% of Line D) \$ \_\_\_\_\_
- F. Prior Quarter – Overpayments or Underpayments + or - \$ \_\_\_\_\_
- G. Penalties and Interest (5% late return, 1%/Month Interest) \$ \_\_\_\_\_
- H. Total Amount Due (Line E to Line G) \$ \_\_\_\_\_\*

*\*This return must be filed whether or not there is tax to be remitted.*

***Under the penalties of perjury, I hereby certify that I have examined this return and the information contained herein, and to the best of my knowledge and belief the same are true, correct, and complete.***

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_