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  _____ Other, specify:

_____ 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: _____________ ___________________________