

Return of Tax on Occupancy of Hotel Rooms

(Pursuant to Chapter 501 of the laws of 1975 of the State of New York)

State of New York ~ County of Onondaga ~ Department of Finance

For: Year _____

- 1st Quarter (Jan. 1-Mar. 31) due on or before **April 20th**
- 2nd Quarter (Apr. 1-Jun. 30) due on or before **July 20th**
- 3rd Quarter (Jul. 1- Sep. 30) due on or before **October 20th**
- 4th Quarter (Oct. 1-Dec. 31) due on or before **January 20th**

- Final Quarter of Business*

Name _____ Name of Hotel _____

Address _____

_____ Zip _____

<i>Certificate of Authority</i>
<i>Number:</i> _____

Type of Establishment:

Hotel Motel Bed & Breakfast Other: _____

Range of Room Rates: \$ _____ to \$ _____

Number of Rooms: _____ Date Business Started: _____, 20 _____

Gross Income from occupancy of rooms \$ _____

Computation of Tax:

A - Taxable Room Rentals \$ _____

B - Less: Refunds and Other Credits - \$ _____

C - Net Taxable Rentals (line A minus line B) = \$ _____

D - Tax Due (**7%** of Line C) \$ _____

E - Penalty * + \$ _____

Check # _____ F - Total Due = \$ _____

** Penalty of 5% per month is to be added for late filing and/or late payment. Additional interest will be imposed by Chief Fiscal Officer at a rate of 1% per month in accordance with Section 20 of the Room Occupancy Tax Law.*

Make Remittance payable to:
Chief Fiscal Officer
Department of Finance
Civic Center - 14th Floor
421 Montgomery Street
Syracuse, N.Y. 13202

Certification of Taxpayer

I hereby certify that this report (including any schedules) is, to the best of my knowledge and belief, a true and complete report.

(Name of Business or Taxpayer)

[Signature (Agent, Officer of Corporation, etc.)]

*Mail must be postmarked BY DUE DATE
(Metered mail will not be accepted)*

_____, 20____ Title _____

Taxpayer: Retain second copy for your records