

# 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 \_\_\_\_\_

- 1<sup>st</sup> Quarter (Jan. 1-Mar. 31) due on or before **April 20<sup>th</sup>**
- 2<sup>nd</sup> Quarter (Apr. 1-Jun. 30) due on or before **July 20<sup>th</sup>**
- 3<sup>rd</sup> Quarter (Jul. 1- Sep. 30) due on or before **October 20<sup>th</sup>**
- 4<sup>th</sup> Quarter (Oct. 1-Dec. 31) due on or before **January 20<sup>th</sup>**
  
- 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 (5% 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 - 15th 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