

**RETURN OF TAX ON OCCUPANCY OF HOTEL ROOM**

(Pursuant to Local Law No. 1 of 1988)

County of Jefferson

Treasurer's Office

**Name and Address:**


---



---



---

This return covers:  **Quarter 1:** December 1 to March 31  **Quarter 2:** April 1 to June 30  **Quarter 3:** July 1 to September 30  
 **Quarter 4:** October 1 to December 31

This return with payment of tax due on Line H must be received by the County Treasurer no later than 10 days following the end of the quarter.

**Indicate address changes below:**

Owner's Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**TYPE OF ESTABLISHMENT**

Hotel \_\_\_\_\_ Motel \_\_\_\_\_ Other \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Date Operation Started \_\_\_\_\_ Certificate of Authority I.D. No. \_\_\_\_\_

**COMPUTATION OF TAX**

A. Income from Occupancy of Rooms	\$ _____ A
B. Less: Exempt Income	
1. Occupants from exempt Organizations	\$ _____ B1
2. Permanent Residents	\$ _____ B2
3. Add lines B1 and B2	\$ _____ B3
C. Net Taxable Income (Line A minus Line B3)	\$ _____ C
D. Tax Due (3% of Line C)	\$ _____ D
E. Late Penalty (5% of Line D after due date)	\$ _____ E
F. Additional Penalty (1% per month thereafter of Line D)	\$ _____ F
G. Interest (1% per month thereafter of Line D)	\$ _____ G
H. Total Tax Due (Line D plus Line H and if late plus Line E F and G)	\$ _____ H

Please note that it is required to file quarterly report even if gross sales are zero.

This return must be filed with your payment in full for the amount of the Tax within 10 days after the period covered by the return to avoid the imposition of penalties.

Make Checks Payable To: **Jefferson County Treasurer**

Mailed To:

 County of Jefferson  
 Office of the Treasurer  
 175 Arsenal Street  
 Watertown, NY 13601

I hereby certify that this return, including any attachments, is to the best of my knowledge a true and complete return.

Signed \_\_\_\_\_

Dated \_\_\_\_\_