

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 20 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 E and if late plus Line 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 20 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 _____