County of Schuyler - State of New York

Office of the Treasurer

Return of Hotel Room Occupancy Tax

(Pursuant to Chapter 282 of the 1988 Laws of the State of New York)

Period From: - **Due on or before:**

Name: _____

Certificate of Authority No: _____

Address: _____

_____

Name of Hotel: _____

Type of Establishment: **Hotel** ☐ **Apartment House** ☐ **Lodging House** ☐ **Motel** ☐

Other (Describe): _____

Business Activity

Number of Rooms: ____ If seasonal: Indicate month(s) business was conducted: _____

Gross Income from Room Occupancy _____

Less Exemptions _____

Taxable Room Rentals $ 0.00

Computation of Tax:		
	A. Taxable Rooms - Rentals	$ 0.00
	B. Less Refunds and Credits	
	C. Net Taxable Rentals (A-B)	$ 0.00
	D.Tax Due (4% of Line C)	$ 0.00
	E. Prior Overpayment	
	F. Prior Underpayment	
	G. Subtotal (D-E+F)	$ 0.00
	H. 5% Credit Line G.	$ 0.00
	I. Interest & Penalties	
	J. Total Due (G-H+I)	$ 0.00

*** A 10% Penalty must be added for filing late. In addition, 1% must be added for each month or fraction thereof that payment is delinquent commencing 30 days AFTER late filing date.**

A completed tax return form and remittance in full must be received within twenty (20) days after the period covered by the return to avoid imposition of penalties.

Make Remittance payable to: **Schuyler County Treasurer**

Mail to: **Schuyler County Treasurer**
105 Ninth Street, Unit 17
Watkins Glen, NY 14891

Certificate of Taxpayer:

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

_____
Name of Business or Taxpayer

THIS RETURN MUST BE FILED WHETHER OR NOT THERE IS TAX TO BE REMITTED

_____
Signature (Agent of Office of Corp)

_____ _____
Date Title