

Certificate of Registration

And Application for Authority to Collect Hotel Room Occupancy Tax

County of Onondaga — Department of Finance — Hotel Tax Division •

Civic Center - 15th Floor; 421 Montgomery Street; Syracuse, New York 13202; *Phone:* 435-2426

*ALL Questions Must Be Answered
Please Print or Type*

I.D. Number:

1. Business Name: _____ Phone: _____
(INDIVIDUAL, TRADE NAME, OR CORPORATE NAME)

2. Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP)

3. Location of Business: _____
(STREET) (CITY) (STATE) (ZIP)

4. List Names and Home Addresses of Individual, Partners, or Principal Officers (If a Corporation)

<i>NAME</i>	<i>HOME ADDRESS</i>	<i>TITLE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Type of Business: Hotel Motel Bed & Breakfast Other: _____

6. Type of Ownership: Individual Partnership Corporation

7. Date Started in Business in Onondaga County (If subsequent to January 1, 1976) : _____

8. If Acquired from former owner after January 1, 1976

Name Under Which He/She Operated: _____

His/Her Registration Number: _____

9. How Many Places of Business (or branches) does the applicant conduct in Onondaga County? _____
(LIST EACH LOCATION & CERTIFICATE NUMBER ON REVERSE SIDE)

10. If More Than One (1) Branch of the Same Business is Conducted, Which do you prefer to file?

One (1) Consolidated Return

Separate Returns [One (1) for Each Location]

*I hereby certify that the statements made herein have been examined by me
and are, to the best of my knowledge and belief true and complete.*

Date: _____, 20 _____ Signature: _____

Title: _____ Name: _____

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OFFICE USE ONLY

(See Reverse Side)

Rules and Regulations – Room Occupancy Tax

(Under Authority of Local Law #4, 1975 and Amended Local Law #15, 1991)

1. Due Dates – Filing Returns (Must be postmarked by due date) (Metered mail will not be accepted)

<i>Quarter</i>	<i>Period Covered</i>	<i>Due Date</i>
1st	January 1st through March 31s	April 20th
2nd	April 1st through June 30th	July 20th
3rd	July 1st through September 30th	October 20th
4th	October 1st through December 31st	January 20th

2. Payment of Tax:

At the time of filing the Room Occupancy Tax return, all taxes for room rentals shall be paid to:

Chief Fiscal Officer
Onondaga County Department of Finance
Civic Center – 15th Floor
421 Montgomery Street
Syracuse, New York 13202

Failure to pay taxes with a filed return on the due date listed above will result in the Department of Finance issuing a formal notice and demand for payment of tax and all interest and penalties thereon.

2. Penalties and Interest:

A. *Penalties*

Failure to File: A penalty of 5% will be assessed for each month of non-filing up to a maximum of 25%.

Failure to Pay: A penalty of 5% will be assessed on the amount of tax due, but not paid.

BOTH PENALTIES WILL NOT BE CONCURRENT

B. *Interest*

Interest will be assessed at a rate of 1% per month on the unpaid balance of any taxes remaining due from the due date of the return.

C. *Personal Liability*

Individual proprietors, partners, and officers of a corporate operator are personally liable for the tax collected or required to be collected by such corporation under this local law, and subject to the penalties herein above imposed.

Further collection actions are explained in Local Law#15, adopted March 4, 1991.

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>
Number: _____

Type of Establishment:

Hotel Motel Bed & Breakfast Other _____

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

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

ss Income from occupancy of rooms _____ \$ _____

Computation of Tax:

A - Taxable Room Rentals	\$ _____
B - Less: Refunds and Other Credit	- \$ _____
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, unless reason is given for unavoidable delay. Additional interest will be imposed by the Chief Fiscal Officer for late payment at a rate of 1 % per month in accordance with Section 20 of 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