

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 _____

Certificate of Authority

Number: _____

Type of Establishment:

☐ Hotel ☐ Motel ☐ Bed & Breakfast ☐ Other: _____

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

Number of Rooms: _____ Date Business Started: _____

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 Management & Budget
John H Mulroy Civic Center - 14th Floor
421 Montgomery Street
Syracuse, New York 13202

Mail must be **postmarked** BY DUE DATE
(Retain a copy for your records)

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.)]

Date _____ Title _____