

RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS

(Pursuant to Local Law No. 1 of 1988)

County of Jefferson

Treasurer's Office



Name and address:

This return covers the period from _____ The return with remittance must be received by the
 County Treasurer no later than 20 days following the final day of the return period.

indicate address changes below:

Owner's Name: _____

Name of Facility: _____

 Owner's Address: _____
(street) (city) (state) (zip)

e-mail address: _____

TYPE OF ESTABLISHMENT
 Hotel Motel Other _____ Number of Rooms _____

Date Operation Started: _____ ID 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. Penalty and Interest		\$ _____	E
F. Prior Underpayment		\$ _____	F
G. Prior Overpayment (as approved by County Treasurer)		\$ _____	G
H. Total Tax Due (Line D plus Line E plus Line F minus Line G)		\$ _____	H

This return must be filed with your remittance 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 Remittance Payable To: Jefferson County Treasurer

Mail To: **County of Jefferson**
Office of the Treasurer
 175 Arsenal Street
 Watertown, New York 13601

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

Signed _____ Dated _____