

**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 \_\_\_\_\_