

RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS
County of Oneida State of New York Department of Finance
(Pursuant to Chapter 644 of the Laws of 1984 of the State of New York)

Name	Certificate of Authority No. _____
Address	

Type of Establishment

- Hotel Motel Bed & Breakfast Apartment Motel
 Other (Describe) _____

****Computation of Tax****

A. Gross Income from Occupancy of Rooms	\$ _____	A
B. Less: Exempt Income		
(1) From occupants of exempt organizations:	\$ _____	B1
(2) From occupants of 30 (or greater) consecutive days:	\$ _____	B2
C. Net Taxable Income (Line A minus lines B1 and B2)	\$ _____	C
D. Tax Due (5% of Line C)	\$ _____	D
E. Penalty and Interest (5% for late returns and 1% per month after the 1 st month)	\$ _____	E
F. Less: Credits (As approved by Commissioner of Finance)	\$ _____	F
G. Total Due:	\$ _____	G

This form must be signed and returned with your remittance, in full, for the amount of the tax calculated within twenty (20) calendar days following the quarter cited above in order to avoid imposition of penalty and/or interest.

Make remittance payable to:
Commissioner of Finance

Mail to: **Oneida County Finance Dept**
800 Park Avenue
Utica, NY 13501

Certificate of Taxpayer

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

 (Please print name of signer)

 Signature (Owner, Agent or Officer of Corporation)
 _____ 20____ Title _____

Telephone # _____

Finance Office Use Only