



STEUBEN COUNTY TREASURER'S OFFICE
 3 EAST PULTENEY SQUARE
 BATH, NY 14810
 607-776-9631

ROOM OCCUPANCY TAX RETURN FORM
(Pursuant to Chapter 387 of the Laws of 1987 of the State of New York)

PLEASE PRINT OR TYPE

Certificate # _____ Phone: _____

Business / Owner Name: _____

Mailing Address: _____

_____, NY _____

Quarter: _____ 12/1-2/29 - **Due 3/20** _____ 3/1-5/31 - **Due 6/20** _____ Other, specify:
 _____ 6/1-8/30 - **Due 9/20** _____ 9/1-11/30 - **Due 12/20** _____

Number of Rooms: _____ Final Return: business has been sold or permanently closed.

If Seasonal (indicate months of operation) _____

Type of Establishment: *Hotel* _____ *Motel* _____ *B & B* _____ *Other:* _____

COMPUTATION OF TAX:

- A. Gross Income Collected From Occupancy of Rooms \$ _____
- B. Less: (Exempt Organizations & Permanent Residents) (\$ _____)
- C. Less Refunds and Other Credits (\$ _____)
- D. Net Taxable Income (Line A minus Line B & C) \$ _____
- E. County Room Occupancy Tax Due (4% of Line D) \$ _____
- F. Prior Quarter – Overpayments or Underpayments + or - \$ _____
- G. Penalties and Interest (5% late return, 1%/Month Interest) \$ _____
- H. Total Amount Due (Line E to Line G) \$ _____*

**This return must be filed whether or not there is tax to be remitted.*

Under the penalties of perjury, I hereby certify that I have examined this return and the information contained herein, and to the best of my knowledge and belief the same are true, correct, and complete.

Print Name: _____ Signature _____

Date: _____ Title: _____