



RETURN OF TAX ON OCCUPANCY OF HOTEL/MOTEL ROOMS

(Pursuant to Local Law 1 for the Year 2002, as amended by Local Law 1 for the Year 2009 and Local Law 4 of 2013)

QUARTERLY PAYMENT PERIOD:	DUE ON OR BEFORE:	YEAR:
<input type="radio"/> December 1 st – February 28 th <input type="radio"/> March 1 st – May 31 st <input type="radio"/> June 1 st – August 31 st <input type="radio"/> September 1 st – November 30 th	March 20 th June 20 th September 20 th December 20 th	_____

ESTABLISHMENT/OWNER INFORMATION:

Name of Establishment: _____

Name of Owner: _____

Owner's Address: _____
(Street) (City) (State) (Zip)

<p>TYPE OF ESTABLISHMENT:</p> <input type="radio"/> Hotel <input type="radio"/> Motel <input type="radio"/> Bed & Breakfast <input type="radio"/> Other _____	<p>OTHER INFORMATION:</p> Number of Rooms: _____ Date Operation Started: _____ SALES TAX 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 (5% of Line C)	\$ _____	D
E. Penalty and Interest	\$ _____	E
F. Prior Underpayment	\$ _____	F
G. Prior Overpayment (as approved by Chairman of the Legislature)	\$ _____	G
H. Total Tax Due (Line D plus Line E plus Line F minus Line G)	\$ _____	H

This return must be filed, with your payment and must be received by the Cortland County Audit Department no later than 20 days following the final date of the return to avoid the imposition of penalties.

MAKE CHECK PAYABLE TO: CORTLAND COUNTY TREASURER

MAIL TO: Cortland County Audit Department
 County Office Building
 60 Central Avenue
 Cortland, New York 13045

CERTIFICATION OF TAXPAYER: Under penalties of perjury, I hereby certify that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Date: _____

Signature (Agent, Officer, etc.) _____ Title: _____