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:
o December 1st – February 28th	March 20th	_____
o March 1st – May 31st	June 20th	
o June 1st – August 31st	September 20th	
o September 1st – November 30th	December 20th	

ESTABLISHMENT/OWNER INFORMATION:

Name of Establishment: _____

Name of Owner: _____

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

TYPE OF ESTABLISHMENT:	OTHER INFORMATION:
o Hotel	Number of Rooms: _____
o Motel	
o Bed & Breakfast	Date Operation Started: _____
o Other _____	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: _____