

COUNTY OF SARATOGA
OFFICE OF THE TREASURER
OCCUPANCY TAX

(PURSUANT TO CHAPTER 501 OF THE LAWS OF 1975 OF THE STATE OF NEW YORK)

NAME

NYS Sales Tax Identification No.

NAME OF HOTEL

ADDRESS

**PLEASE NOTE: THIS RETURN MUST BE FILED
WHETHER OR NOT THERE IS TAX TO BE REMITTED.**

(Please correct any errors in above imprint)

PAYMENT SCHEDULE

- QUARTERLY PAYMENT
1. December 1 - February 28 / 29
 2. March 1 - May 31
 3. June 1 - August 31
 4. September 1 - November 30

- DUE ON OR BEFORE
- March 20
 - June 20
 - September 20
 - December 20

TYPE OF ESTABLISHMENT

_____Hotel _____Motel _____Apartment Hotel _____Lodging House _____Other (describe) _____

BUSINESS ACTIVITY: Number of Rooms _____ If seasonal, indicate season _____

If this is a **FINAL PAYMENT**, enter word "**FINAL**," date sold and new owner's name and address:

PART A - SARATOGA COUNTY TAX

1. Gross Income from Occupancy of Rooms.....\$ _____
2. **LESS:** Non-Taxable Room Rentals.....\$ _____
3. **LESS:** Refunds or Other Credits.....\$ _____
4. Net Taxable Room Rentals.....\$ _____
5. County Occupancy Tax Due (1% of Line 4).....\$ _____
6. Prior (Overpayment) or Underpayment.....\$ _____
- 7.* Penalties and Interest.....\$ _____
8. Total County Occupancy Tax Due (Total of Lines 5-7).....\$ _____

PART B - CITY OF SARATOGA SPRINGS TAX

1. Line 4 Amount from Above.....\$ _____
2. City Occupancy Tax Due (5% of Line 1).....\$ _____
3. Prior (Overpayment) or Underpayment\$ _____
- 4.* Penalties and Interest.....\$ _____
5. Total City Occupancy Tax Due (Total of Lines 2 through 4).....\$ _____
6. Line 8 Amount from Above\$ _____
7. **Total Payment Due** - County and City Occupancy Tax (Lines 5 and 6).....\$ _____

***File this return with your remittance in full for the amount of tax within 20 days after the period covered by the return to avoid imposition of penalties and interest: 5% penalty for late payment; also 1% interest for each month or fraction thereof that payment is delinquent commencing 30 days after late filing date.**

Make remittance payable to and mail to:
Saratoga County Treasurer
40 McMaster Street
Ballston Spa NY 12020

CERTIFICATION OF TAXPAYER:

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

DATE: _____ SIGNATURE (Agent, Officer, etc.) _____

TITLE _____