

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

DUE ON OR BEFORE

- 1. December 1 - February 28.....March 20
2. March 1 - May 31.....June 20
3. June 1 - August 31.....September 20
4. September 1 - November 30.....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:

COMPUTATION OF TAX

Table with 8 rows: 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).

*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

Green Copy - return to Saratoga County
White Copy - Individual records