NAME

NAME OF HOTEL

ADDRESS

PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>QUARTERLY PAYMENT</th>
<th>DUE ON OR BEFORE</th>
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<tr>
<td>[ ] 1. December 1 - February 28 / 29</td>
<td>March 20</td>
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<td>[ ] 2. March 1 - May 31</td>
<td>June 20</td>
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<tr>
<td>[ ] 3. June 1 - August 31</td>
<td>September 20</td>
</tr>
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<td>[ ] 4. September 1 - November 30</td>
<td>December 20</td>
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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 _______________________________________________

Yellow Copy – return to Saratoga County
White Copy – keep for individual records