

Washington County Treasurer's Office



Occupancy Tax Return

Please Note: This Return must be filed whether or not there is tax to be remitted.

Name of Establishment			NYS Sales Tax ID No.	
Name of Operator <i>(only if different from above)</i>			Certificate of Authority No.	
Street Address	P.O. Box <i>(if any)</i>	Town/Village	Zip Code	

Name of Contact Person	Title of Position	Phone Number

PAYMENT SCHEDULE	
PAYMENT SCHEDULE	DUE ON OR BEFORE
1. December 1 - February 28	March 20th
2. March 1 - May 31	June 20th
3. June 1 - August 31	September 20th
4. September 1 - November 30	December 20th

Please check appropriate box

Period reported from (if other than quarterly) _____ to _____

Type of Establishment		
_____ Hotel	_____ Motel	_____ Apartment Hotel
_____ Lodging House	_____ Bed & Breakfast	_____ Other, Describe _____

COMPUTATION OF TAX OWED

1. Gross Income from Occupancy Tax	\$0.00
2. Less: Non-Taxable Room Rentals	\$0.00
3. Less: Refunds or Other Credits.....	\$0.00
4. Net Taxable Room Rentals.....	\$0.00
5. County Occupancy Tax Due (4% of Line 4).....	\$0.00
6. Penalty (5% of line 5 if not paid within 20 days of end of period covered this return).....	\$0.00
7. Interest (1% of line 5 for each month or fraction thereof if tax not paid within 30 days of period covered by this return - no interest on first 30 days).....	\$0.00
8. Total County Occupancy Tax Due (Total of Lines 5-7).....	\$0.00

Make remittance payable to and mail to :

WASHINGTON COUNTY TREASURER
383 BROADWAY
FORT EDWARD, NY 12828

Note: Remittance must include:

[X] Copy of this completed form.
[X] Copy establishment's corresponding "Sales Tax Filing" filed with the New York State Department of Taxation and Finance.

CERTIFICATION OF TAXPAYER:

Under the penalties of perjury, I hereby declare that I have examined this return and the information contained herein, and to the best of my knowledge believe the same are true, correct, and complete.

Signature	Print Name & Title	Date