

COUNTY OF GENESEE – STATE OF NEW YORK
OFFICE OF THE COUNTY TREASURER
RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS
(PURSUANT TO CHAPTER 253 OF THE LAWS OF 1995 OF THE STATE OF NEW YORK)

Period from _____ to _____

Business Name _____ FED. ID NO. OR SS NO.: _____

Address _____

_____ Zip Code _____

HOTEL/MOTEL NAME: _____

TYPE OF ESTABLISHMENT: HOTEL _____ MOTEL _____ B&B _____ COTTAGE _____ OTHER _____

GROSS INCOME FROM OCCUPANCY OF ROOMS \$ _____

LESS EXEMPTION \$ _____

TAXABLE ROOM RENTALS (enter on line A below) \$ _____

COMPUTATION OF TAX: A – Taxable Rooms Rentals \$ _____

B – Less: Other credits \$ _____

C – Net Taxable Rentals (Line A minus Line B) \$ _____

D – Tax Due (3% of Line C) \$ _____

E – Penalties and Interest \$ _____

F – Total Due \$ _____

If business has been sold or permanently closed, enter word "FINAL" _____

+ A 5% PENALTY PER MONTH MUST BE ADDED FOR LATE FILING, PLUS 1% INTEREST MUST BE ADDED FOR EACH MONTH OR FRACTION THEREOF THAT PAYMENT IS DELINQUENT COMMENCING 30 DAYS AFTER THE FILING DATE.

THIS RETURN MUST BE FILED 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, EXCEPT FOR FACILITIES WHERE THE TAX IS BEING COLLECTED BY A BOOKING COMPANY, IN WHICH CASE THE OPERATOR SHALL FILE THE RETURN AND THE BOOKING COMPANY SHALL PAY THE TAXES DUE.

Make remittance payable to: GENESEE COUNTY TREASURER

MAIL TO: GENESEE COUNTY TREASURER
COUNTY BLDG. #1, 15 MAIN ST., BATAVIA, NY 14020-3199

CERTIFICATE OF TAXPAYER:
I hereby certify that this report, including any schedules, is to the best of my knowledge and belief a true and complete return.

NAME OF BUSINESS OR TAXPAYER

SIGNATURE (AGENT OR OFFICER OF CORP)

DATE TITLE

| THIS RETURN MUST BE FILED
| WHETHER OR NOT THERE IS
| TAX TO BE REMITTED.

| _____
| FOR OFFICE USE ONLY

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