Return of Tax on Occupancy of Hotel Rooms

(Pursuant to Section 1202 -ZZ-1 of the New York State Tax Law)

State of New York ~ Town of DeWitt ~ Comptroller Department

For: *Year* _____

- ◉ 1st Quarter (Jan. 1-Mar. 31) due on or before **April 20th**
- ○ 2nd Quarter (Apr. 1-Jun. 30) due on or before **July 20th**
- ○ 3rd Quarter (Jul. 1- Sep. 30) due on or before **October 20th**
- ○ 4th Quarter (Oct. 1-Dec. 31) due on or before **January 20th**

☐ *Final Quarter of Business*

Name _____ Name of Hotel _____

Address _____

_____ Zip _____

Certificate of Authority
Number:

Type of Establishment:

○ Hotel ○ Motel ○ Bed & Breakfast ◉ Other: _____

Range of Room Rates: $ _____ to $ _____

Number of Rooms: _____ Date Business Started: _____ , 20 _____

Gross Income from occupancy of rooms ..... $ _____

Computation of Tax:

A - Taxable Room Rentals ..... $ _____

B - Less: Refunds and Other Credits ..... - $ _____

C - Net Taxable Rentals (line A minus line B) ..... = $ _____

D - Tax Due (**2%** of Line C) ..... $ _____

E - Penalty * ..... + $ _____

Check # _____ F - Total Due ..... = $ _____

** Penalty of 5% per month is to be added for late filing and/or late payment. Additional interest will be imposed by Town Comptroller at a rate of 1% per month in accordance with Section 170-47 of the DeWitt Town Code.*

Make Remittance payable to:
Town Comptroller
5400 Butternut Drive
East Syracuse, N.Y. 13057

Mail must be postmarked BY DUE DATE
(Metered mail will not be accepted)

Certification of Taxpayer

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

_____
(Name of Business or Taxpayer)

_____
[Signature (Agent, Officer of Corporation, etc.)]

_____ , 20_____ Title _____

Taxpayer: Retain a copy for your records

Include a copy of Onondaga County tax return for this quarter