

**COUNTY OF MONROE - STATE OF NEW YORK
DEPARTMENT OF FINANCE
RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS**

(Pursuant to Chapter 41 of the laws of the State of New York
and Local Law No. 2 of 1971 of the County of Monroe)

Hotel Name & Address

Covering Period: _____ **Year:** _____

Q1: Jan 1 - Mar 31, due on or before Apr 20

Q2: Apr 1 - Jun 30, due on or before Jul 20

Q3: Jul 1 - Sep 30, due on or before Oct 20

Q4: Oct 1 - Dec 31, due on or before Jan 20

Correspondence Name & Address

Hotel ID#: _____

IMPORTANT! PLEASE PAY BY DUE DATE TO AVOID LATE CHARGES

COMPUTATION OF TAXES:

A) Gross Taxable Room Rental Income	\$ _____
B) Less Refunds and Other Credits	_____
C) Net Taxable Room Rentals (<i>line A minus line B</i>)	_____
D) Room Occupancy Tax Due (6% of line C)	_____
E) Add: Late Penalty Due (<i>9% of line D</i>)	_____
F) Add: Late Interest Due (<i>1-1/2% per month of line D - after 30 days</i>)	_____
G) Total Amount Due (Add lines D, E, and F)	\$ _____

PLEASE COMPLETE THE FOLLOWING:

Number of rooms available for rental: _____

Has the business been sold? No _____ Yes _____ (Date: _____)

Ceased operations? No _____ Yes _____ (Date: _____)

If "yes" to any of the above, you must return **Certificate of Authority** to our office.

Certificate of Taxpayer:

I hereby certify that this return is, to the best of my knowledge and belief, true and complete.

Contact Information

Business Name

Authorized Signature

Date

Title

Name

Phone Number

This return must be filed, along with your remittance in full for the tax due, within 20 days after the period covered by the return to avoid the imposition of penalties.

NOTE:

Make Check Payable to: Monroe County

Mail Check and this Return to:

Monroe County Finance Department

Hotel Tax Division

39 West Main Street - Room 402

Rochester NY 14614

Questions, call (585) 753-1206

OFFICE USE ONLY
POSTMARK DATE: _____
CHECK NUMBER: _____