RETURN OF TAX ON OCCUPANCY OF HOTEL ROOM	**Name and Address:**
(Pursuant to Local Law No. 1 of 1988) County of Jefferson Treasurer's Office	_____ _____

This return covers: **Quarter 1**: December 1 to February 28/29   **Quarter 2**: March 1 to May 31   **Quarter 3**: June 1 to August 31
Quarter 4: September 1 to November 30

This return with total tax due on Line H must be received by the County Treasurer no later than 20 days following the end of the quarter, even if no tax is due.

Indicate address changes below:

Owner's Name: _____

Name of Facility: _____

Owner's Address: _____

Email address: _____

Telephone number: _____

TYPE OF ESTABLISHMENT

Hotel   Motel   Other_____   Number of Rooms_____

Date Operation Started_____   Certificate of Authority I.D. No._____

COMPUTATION OF TAX

A. Income from Occupancy of Rooms	$_____ A
B. Less: Exempt Income	
1. Occupants from exempt Organizations $_____B1	
2. Permanent Residents $_____B2	
3. Add lines B1 and B2	$_____B3
C. Net Taxable Income (Line A minus Line B3)	$_____C
D. Tax Due (3% of Line C)	$_____D
E. Late Penalty (5% of Line D after due date)	$_____E
F. Additional Penalty (1% per month thereafter of Line D)	$_____F
G. Interest (1% per month thereafter of Line D)	$_____G
H. Total Tax Due (Line D and if late plus Line E, F and G)	$_____H
Please note that it is required to file quarterly report even if gross sales are zero.	

This return must be filed with your payment for the amount of the Total Tax Due on line H within 20 days after the period covered by the return to avoid the imposition of penalties.

Make Checks Payable To: **Jefferson County Treasurer**

Mailed To: | **County of Jefferson**
Office of the Treasurer
175 Arsenal Street
Watertown, NY 13601 |

I hereby certify that this return, including any attachments, is to the best of my knowledge a true and complete return.

Signed_____   Dated_____