



Room Tax Identification Number

Business/Owner Name: _____

Name of Establishment: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Tax Quarter: 9/1 – 11/30 – Due 12/1 12/1-2/29 – Due 3/1 3/1 – 5/31 – Due 6/1
 6/1 – 8/31 – Due 9/1 Annual File 9/1-8/31 – Due 9/1
 Final Return: business has been sold or permanently closed

*** THIS RETURN MUST BE FILED WHETHER OR NOT THERE IS A TAX TO BE REMITTED**

This form must be returned (postmarked) with your remittance for the full amount of the tax due within 20 days after the last day of the tax quarter to avoid the imposition of a penalty and interest.

Number of Rooms: _____ If seasonal (indicate months of operation) _____

Type of Establishment: Hotel _____ Motel _____ B & B _____ Other _____

COMPUTATION OF TAX:

A. Gross Income from Rooms:	\$ _____
B. Less exempt income from rooms (from page 2):	\$ _____
C. Net income from rooms (Line A minus Line B):	\$ _____
D. Tax Due (Line C multiplied by 5%):	\$ _____
E. 5% penalty if paid after the 20th (Unpaid Tax Due [Line D] multiplied by 5% per month beginning with the month the tax is due; maximum penalty shall not exceed 25%)	\$ _____
F. Interest at 1% per month until payment is received (Unpaid Tax Due [Line D] multiplied by 1% per month beginning with the month the tax is due):	\$ _____
G. TOTAL DUE (Lines D through F)	\$ _____

Make remittance payable to: County of Sullivan Treasurer. [Include Room Tax Number on check.]

Mail to: Room Tax, Sullivan County Treasurer, 100 North Street, PO Box 5012, Monticello, NY 12701.

CERTIFICATION OF TAXPAYER

Under the penalty of perjury, I hereby certify that this return and any schedules attached are true and complete to the best of my knowledge and information.

Type or print name

Signature

Date

Signature of Preparer if other than Operator

Preparers e-mail address and Telephone Number

SULLIVAN COUNTY – NEW YORK
 TREASURER'S OFFICE
 100 NORTH STREET
 MONTICELLO, NEW YORK 12701



PHONE # 845-807-0210
 FAX # 845-807-0220
roomtax@co.sullivan.ny.us

RETURN OF TAX ON OCCUPANCY OF HOTEL AND MOTEL ROOMS
 (Pursuant to Local Law 5 of 1989 of the County of Sullivan, New York)

PLEASE PRINT OR TYPE

Room Tax ID Number # _____

Name of Establishment: _____

Tax Quarter: 9/1 – 11/30 – Due 12/1 12/1-2/29 – Due 3/1 3/1 – 5/31 – Due 6/1 6/1 – 8/30 – Due 9/1
 Annual File 9/1 – 8/31 – Due 9/1

I. **Exempt Income from rooms \$** _____
 Write in Total Exempt Income amount on page 1, Line B.

Below, breakdown all Exempt Income reported according to type of Occupant
 (i.e. Permanent Resident, Exempt Occupant of Tax Exempt Organization).

	Type of occupant	Number of Rooms	Rate Per Day	Total Number of Days Rented	Total Exempt Income
	<i>Ex: Permanent Resident</i>	1	\$65.00	91	\$5,915.00
1					
2					
3					
4					
6					
	TOTAL EXEMPT INCOME:				\$

Use separate sheet to list additional Exempt Income, if any.

CERTIFICATION OF TAXPAYER

Under the penalty of perjury, I hereby certify that this return and any schedules attached are true and complete to the best of my knowledge and information.

 Type or print name

 Signature

 Date:

 Title: