

This return covers the period from December 1, 20__ to November 30, 20__.

Owner's Name: _____

Name of Facility: _____

Owner's Address: _____
(street) (city) (state) (zip)

No Longer in Business _____ (indicate date business ceased)

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 Line B1 and B2		\$ _____	B3
C. Net Taxable Income (Line A minus Line B3)		\$ _____	C
D. Tax Due (5% of Line C)		\$ _____	D
E. Penalty and Interest		\$ _____	E
F. Prior Underpayment		\$ _____	F
G. Prior Overpayment (<i>as approved by County Treasurer</i>)		\$ _____	G
H. Total Tax Due (Line D plus Line E plus Line F minus Line G)		\$ _____	H

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

Make Remittance Payable To: **Lewis County Treasurer**

Mail To:

County of Lewis
Office of the Treasurer
7660 North State St
Lowville NY 13367

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

Signed: _____ Dated: _____