

RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS

(Pursuant to Local Law No. 8-2004)

County of Lewis

Treasurer's Office



This return covers the period from September 1 to November 30. The return with remittance must be received by the *County Treasurer* no later than 20 days following the final day of the return period.

indicate address changes below:

Owner's Name: _____

Name of Facility: _____

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

TYPE OF ESTABLISHMENT

Hotel Motel Other: _____ Number of Rooms _____

Date Operation Started: _____ ID No. _____

No Longer in Business _____

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 amount of 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: _____