



COUNTY OF CHAUTAUQUA

Director of Finance

3 North Erie Street
Mayville, NY 14757
(716)753-4223

ROOM OCCUPANCY TAX RETURN FORM

PLEASE PRINT OR TYPE

CERTIFICATE # _____ Period Ending: _____

FILING PERIOD (SELECT ONE):

Filing Status: _____

- Quarterly 1/1-3/31 [] 4/1-6/30 [] 7/1-9/30 [] 10/1-12/31 []
Due Date: April 20th July 20th October 20th January 20th
Annual (Occupancy Tax collection is less than \$1,500 per year) [] Due Date January 20th

IDENTIFICATION OF PROPERTY:

Owner Name: _____ Telephone: _____
Address: _____ Zip Code _____
Name of establishment(s): _____
If applicable, attach a list of all properties included in this return

EMAIL: _____

If you have permanently closed your business and this is your final return, please mark yes and enclose your certificate with this return. Yes []

COMPUTATION OF TAX

- 1. Gross Income Collected From Occupancy of Rooms/Units _____ Line A
2. Less: Exempt Income _____ Line B
(Occupants from Exempt Organizations & Permanent Residents)
3. Net Taxable Income (Line A minus Line B) _____ Line C
4. County Room Occupancy Tax Due (5% of Line C) _____ Line D
5. Penalty - 10% of tax due if postmarked after due date _____ Line E
6. Interest - Add 1% of tax for payments postmarked after 30 days of the _____ Line F
original due date and an additional 1% for each month
thereafter until payment is made.
7. Total Amount Due (Line D plus Line E plus Line F) _____ Line G

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

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

Signed _____ Date _____
Title _____

Make remittance payable to: Chautauqua County Director of Finance

Mail to: Chautauqua County Finance Department
GOB 3 North Erie Street
Mayville, NY 14757