

WARREN COUNTY OCCUPANCY TAX RETURN

| REGISTRANT INFORMATION | | | | | | |
|--|---------------------------|----------|----------------------------------|---|--------------------------------------|--|
| 1. Registrant's Name for Hotel, Motel, Cottage, B&B or Short-Term Rental | | | | Tax ID# (if applicable) | | |
| | | | | | | |
| 2. Name of Owner/Operator (Only if different from above) | | | | 3. Occupancy Tax No. (Cert. of Authority) | | |
| | | | | | | |
| 4. Physical Street Address (of Rental) | | | | 5. | Physical Town + Zip Code (of Rental) | |
| | | | | | | |
| 6a. Name of Contact Person 6b | | 6b. Tit | 6b. Title (Owner, Manager, etc.) | | 6c. Telephone Number | |
| | | <u> </u> | | | | |
| 7. PERIOD COVERED BY THIS RETURN Annual Calendar Fiscal Calendar (Jan-Dec) (Mar-Feb) | | | | | Monthly | |
| Tax Year: Quarterly Calendar Quarterly Fiscal | | | | | y Fiscal | |
| Month | 8. Gross Monthly Rental I | ncome | 9. Less Tax Exemp | t Income | 10. Net Monthly Rental Income | |
| JAN. | \$ | | \$ | | \$ | |
| FEB. | \$ | | \$ | | \$ | |
| MAR. | \$ | | \$ | | \$ | |
| APR. | \$ | | \$ | | \$ | |
| MAY | \$ | | \$ | | \$ | |
| JUN. | \$ | | \$ | | \$ | |
| JUL. | \$ | | \$ | | \$ | |
| AUG. | \$ | | \$ | | \$ | |
| SEP. | \$ | | \$ | | \$ | |
| ОСТ. | \$ | | \$ | | \$ | |
| NOV. | \$ | | \$ | | \$ | |
| DEC. | \$ | | \$ | | \$ | |
| 10. TOTAL (Net Monthly Rental Income) | | | | | \$ | |
| 11. County Occupancy Tax Due (4 % of Line 10 Total) | | | | | \$ | |
| 12. Penalty (5% of Line 11 if tax not paid within 20 days after end of reporting period) | | | | | \$ | |
| 13. Interest (1% of Line 11 for each month not paid within 30 days after end reporting | | | | | \$ | |
| period-no interest on 1 st 30 days. Each new month after is an additional 1% until paid.) | | | | | Months Late | |
| 14. TOTAL AMOUNT DUE (Tax + Penalty + Interest) | | | | | \$ | |

Under the penalties of perjury, I hereby declare that I have examined this return and information contained herein, and to the best of my knowledge and belief, the same are true, correct and complete

| Signature | Print Name and Title | Date |
|-----------|----------------------|------|
| | | |
| | | |

MAKE PAYMENT PAYABLE TO "Warren County Treasurer" AND MAIL WITH THIS RETURN TO: Warren County Treasurer 1340 State Route 9 Lake George, NY 12845

| | OCCUPANCY TAX RETURN INSTRUCTIONS | | | | | |
|-------|--|--|--|--|--|--|
| #1. | Registrant's Name for Hotel, Motel, Cottage, B&B or Short-Term Rental. Should be the same name filed on the Occupancy Tax Registration form on file. For business owners, also enter your Tax ID#. | | | | | |
| # 2. | Name of Owner/Operator if different from # 1. | | | | | |
| #3. | Registrant's Occupancy Tax number. | | | | | |
| # 4. | Physical Street Address of Rental. | | | | | |
| # 5. | Physical Town + Zip Code of Rental. | | | | | |
| # 6. | Name, Title and Telephone Number of Contact Person / Title / Contact Info. | | | | | |
| #7. | Tax Year. Select filing cycle frequency. (Monthly, Quarterly or Annually) | | | | | |
| #8. | Enter the total revenue receipts from room, cottage or short-term rental(s) by Month. Include revenue receipts from qualifying tax-exempt guests (Government/Non-Profit/Native) or permanent guests (person(s) who occupy or rent any room/unit for at least 30 consecutive days). NOTE: If you are reporting rental income and occupancy tax for more than one property, attach a list providing those amounts by property address. | | | | | |
| #9. | Enter total amount of tax-exempt rentals by Month. This includes qualifying tax-exempt guests (Government/Non-Profit/Native) or permanent guests (stays longer than 30 consecutive days). You are required to keep copies of all tax-exempt certificates and other proof of exemption, as well as documentation for all permanent guests including names and dates of occupancy. All records must be available for inspection and examination at any time upon demand by the Treasurer, and should be maintained for at least six (6) years. | | | | | |
| # 10. | Subtract # 9 from # 8. Add individual months to equal <i>Total</i> (<i>Net Monthly Rental Income</i>) at the bottom of the column. This is the amount on which your tax is computed. | | | | | |
| # 11. | Occupancy Tax Due. 4% x the <i>Total</i> shown on # 10. | | | | | |
| # 12. | Penalty. 5% x # 11 if the return is not filed, or the tax due is not paid, within 20 days after the end of the reporting period. | | | | | |
| # 13. | Interest. 1% x # 11 for each month or fraction of a month your payment is past due. Returns are required to be filed within twenty (20) days from the end of the reporting period. No interest is calculated on the first 30 days <u>after the end of the reporting period</u> . Interest begins in the mont <u>after</u> the tax return is due and an additional 1% is added for each month or fraction of a month unpaid there-after. Example 1 - If payment is due March 20th (Q4 or Annual (Fiscal) reporting periods) and payment is made on March 30, only the 5% penalty on tax due applies. Example 2 If payment is due March 20th, but not paid until April 15th, the 5% penalty on tax due applies plus 1 month's interest (1 month interest begins April 1 thru April 30 since it is more than 30 days beyond the end of the reporting period). | | | | | |
| # 14. | Enter the total of Lines 11, 12, and 13. This is the total amount due to Warren County. | | | | | |
| | Please make check payable to "Warren County Treasurer" and mail check with this return to: Warren County Treasurer 1340 State Route 9 Lake George, NY 12845 | | | | | |