



ORANGE COUNTY DEPARTMENT OF FINANCE

255 Main Street
Goshen, NY 10924

Phone: 845-291-2486 Fax: 845-378-2372

RETURN OF TAX ON OCCUPANCY OF HOTEL AND MOTEL ROOMS

(Pursuant to Local Law 13 of 2009 of the County of Orange, New York)

PLEASE PRINT OR TYPE

Certificate#: Phone Number: EIN# (nine-digit number):

Business/Owner Name:

Name of Establishment:

Mailing Address:

Mailing Address City, State, Zip Code:

Year: 20 Quarter: 1st 2nd 3rd 4th

FINAL RETURN: Business has been sold or permanently closed.

Number of rooms rented for the quarter: 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
C. Net Income from rooms
D. Less Refunds and Other Credits
E. Net Income from rooms
F. Tax Due
G. 5% Penalty
H. 1% Interest per month until paid in full
I. Total Due

\*\*\*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.

Make check payable to: Commissioner of Finance, include Certificate Number (H#) in the memo section of the check. Mail to: Occupancy Tax, Orange County Department of Finance, 255 Main Street, Goshen, NY 10924

Certificate of Taxpayer

Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete return.

Type or Print Name Signature
Title Date



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EXEMPT INCOME WORKSHEET

Certificate#: \_\_\_\_\_ Name of Establishment: \_\_\_\_\_

Year: 20\_\_ Quarter:  1st 12/1-2/29 Due 3/20  2nd 3/1-5/31 Due 6/20  3rd 6/1-8/30 Due 9/20  4th 9/1-11/30 Due 12/20

I. Exempt Income from rooms \$\_\_\_\_\_ (amount reported on Page 1, Line B)

Below, using one (1) line per room rented, breakdown all Exempt Income reported according to the Type of Occupant (i.e. Permanent Resident, Exempt Occupant or Tax-Exempt Organization).

\*\*\*Use one (1) line per room rented.\*\*\*

Type of Occupant (Use one line per room)	Rate for room per day	Total number of days rented	Total Dollars Exempt
ex: Permanent Resident	\$65.00/day	45	\$2,925.00
1. _____	\$ _____	_____	\$ _____
2. _____	\$ _____	_____	\$ _____
3. _____	\$ _____	_____	\$ _____
4. _____	\$ _____	_____	\$ _____
5. _____	\$ _____	_____	\$ _____
6. _____	\$ _____	_____	\$ _____
7. _____	\$ _____	_____	\$ _____
8. _____	\$ _____	_____	\$ _____
9. _____	\$ _____	_____	\$ _____
10. _____	\$ _____	_____	\$ _____

Total Exemption Amount \$ \_\_\_\_\_

II. Refunds and Other Credits \$\_\_\_\_\_ (amount reported on Page 1, Line D)

Below, enter a description and a dollar amount for each refund or credit reported.

Description	Dollar Amount
ex: Tax overpayment on previous return	\$200.00
1. _____	\$ _____
2. _____	\$ _____

Total Refunds and Other Credits \$ \_\_\_\_\_

Certificate of Taxpayer

Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete return.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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**RETURN OF TAX ON OCCUPANCY OF HOTEL AND MOTEL ROOMS**

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**INSTRUCTIONS**

1. Read through these instructions before filling in the Return of Tax on Hotel and Motel Rooms and the Exempt Income Worksheet.
2. Make sure the form is filled in completely and legibly.
3. Be sure to enter your Certificate Number (H#) **on all documentation and payments**. This is the number issued to you by the County and can be found on your Certificate of Authority.
4. The phone number should be the number to call if there are any questions regarding this return.
5. If you enter an amount on **Line B** (Less Exempt Income from rooms) you are claiming Exempt Income. You must complete the corresponding section on page 2 (Exempt Income Worksheet) or provide a computerized report. An explanation is required for all exempt income. If a satisfactory explanation is not provided you will be responsible to remit the tax on the amount claimed as an exemption.
6. If you enter an amount on **Line D** (Less Refunds and Other Credits) you are claiming that you overpaid your taxes in a previous quarter. You must complete the corresponding section on page 2 (Exempt Income Worksheet) or provide a computerized report. An explanation is required for all refunds and other credits. If a satisfactory explanation is not provided you will be responsible to remit the tax on the amount claimed as a refund and/or other credit.
7. If your return with your remittance for the full amount of the tax due will not be postmarked by the due date stated, you will owe the penalty. Multiply the amount on **Line F** (Tax Due) by 5% or .05. Enter the result on **Line G** (5% Penalty). If no penalty is due, enter a "0" on **Line G** (5% Penalty).
8. If you fail to file a return or pay the full amount of tax by the stated due date, interest will accrue at the rate of 1% of such tax for each month of delay, excepting the first month after such return was required to be filed or such tax became due. If interest is due, multiply the amount on **Line F** (Tax Due) by 1% or .01. Take that amount and multiply it by the number of months the return is overdue. **Exclude the month that includes the due date, for example, if the return is due on March 20<sup>th</sup> interest will begin to accrue on April 20<sup>th</sup>**. Enter the amount on **Line H** (Interest at 1% per month until paid in full). If no interest is due, enter a "0" on **Line H** (Interest at 1% per month until paid in full).
9. **Line I** (Total Due) is the total amount due and must match the amount on your check. Make the check payable to the Commissioner of Finance and including the Certificate Number in the memo section of the check.
10. You must sign and date the Return of Tax on Occupancy of Hotel and Motel Rooms form certifying under the penalties of perjury, that the report is, to the best of your knowledge and belief, a true and complete return.
11. If completed, you must sign and date the Exempt Income Worksheet form certifying under the penalties of perjury, that the report is, to the best of your knowledge and belief, a true and complete return.
12. Send the Return of Tax on Occupancy of Hotel and Motel Rooms, the Exempt Income Worksheet form or computer generated for exemptions, refunds and/or other credits, along with your payment to:  
**Attn: Occupancy Tax, Orange County Department of Finance, 255 Main Street, Goshen, NY 10924**