

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

(Pursuant to Local Law No. 8-2004)

**County of Lewis**

Treasurer's Office



Certificate No: \_\_\_\_\_

This return covers the period from June 1 to August 31. 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: \_\_\_\_\_