



**OFFICE OF THE COUNTY TREASURER
SCHOHARIE COUNTY, NEW YORK**

284 Main Street • P.O. Box 9
Schoharie, New York 12157

Telephone (518) 295-8386 • Fax (518) 295-8364

**LODGING FACILITY OCCUPANCY TAX
QUARTERLY TAX RETURN FORM**

(Pursuant to Schoharie County Local Law #2 of 2009)

Registrant's Business Name: _____

Federal Employer ID Number: _____

Schoharie County Occupancy Tax Certificate of Authority Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Quarter: December 1st through February 29th - **DUE ON MARCH 20th**
 March 1st through May 31st - **DUE ON JUNE 20th**
 June 1st through August 30th - **DUE ON SEPTEMBER 20th**
 September 1st through November 30th - **DUE ON DECEMBER 20th**

COMPUTATION OF TAX:

- A. Gross Income Collected from occupancy of rooms: \$ _____
B. Less: Exempt Income (*Exempt Organizations and Permanent Residents*): (\$ _____)
C. Net Taxable Income (*Line A minus Line B*) \$ _____
D. County Room Occupancy Tax Due (*Line C x 0.04*) \$ _____
E. Less: Vendor Collection Credit (*Line D x 0.05*) (*\$200.00 maximum credit*) (\$ _____)
F. Net Occupancy Tax Due to County Treasurer (*Line D minus Line E*) \$ _____
G. Penalty: 10% of line F if postmarked after due date (*Line F x 0.10*) \$ _____
H. Interest: add 1.5% per month if return is filed after due date
(*Line F x 0.015 x number of months*) \$ _____
I. Total Occupancy Tax Due to County Treasurer
(*Line F + Line G + Line H*) \$ _____

****This return must be filed even if there is no occupancy tax due.***

Under penalties of perjury, I hereby certify that I have examined this return and the information contained herein, and to the best of my knowledge this return is true, correct and complete.

Signed: _____

Print Name: _____

Dated: _____

Title: _____

Please make remittance payable to: Schoharie County Treasurer and mail to the address shown above.