

CLINTON COUNTY TREASURER'S OFFICE

137 Margaret Street, Suite 205
Plattsburgh, NY 12901

ROOM OCCUPANCY TAX RETURN FORM

Vendor # _____

PLEASE PRINT OR TYPE

Certificate# _____

Quarter: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31
Due Date: April 15th July 15th October 15th January 15th

Name: _____
Company: _____
Address: _____

COMPUTATION OF TAX

- 1. Gross Income from Occupancy of Rooms () _____ Line A
- 2. Less: Exempt Income _____ Line B
(Occupants from Exempt Organizations & Permanent Residents)
- 3. Net Taxable Income (Lines A minus Line B) _____ Line C
- 4. County Room Occupancy Tax Due (3% of Line C) _____ Line D
- 5. **Penalty** - 10% of tax due if postmarked after due date; **Plus** _____ Line E
- 6. **Interest** - Add 1.5% of the amount of tax postmarked after _____ Line F
30 days of the original due date and an additional
1.5% 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 15 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: Clinton County Treasurer
Mail to: Clinton County Treasurer
137 Margaret Street, Suite 205
Plattsburgh, NY 12901

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|-------------------------------------|------------------|
| Treasurer's Office Use Only: | |
| A132501-412302 | _____ |
| A641002-411130 | _____ |
| Receipt# | _____ Date _____ |