

CLINTON COUNTY TREASURER'S OFFICE

137 Margaret Street, Suite 205  
Plattsburgh, NY 12901

ROOM OCCUPANCY TAX RETURN FORM

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 15<sup>th</sup> July 15<sup>th</sup> October 15<sup>th</sup> January 15<sup>th</sup>

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Federal ID # or SS# \_\_\_\_\_

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