

**COUNTY OF SUFFOLK
OFFICE OF THE TREASURER
HOTEL AND MOTEL REMITTANCE FORM**

(PURSUANT TO CHAPTER 689 OF THE LAWS OF 1992 OF THE STATE OF NEW YORK)

NAME OF HOTEL _____
ADDRESS _____
ID. Number: _____

NYS SALES TAX IDENTIFICATION NO. _____

Please note: This return must be filed whether
or not there is tax to be remitted.

PAYMENT SCHEDULE

QUARTERLY PAYMENT - DUE ON OR BEFORE

- () 1. December 1 - February 28/29 March 20,
- () 2. March 1 - May 31 June 20,
- () 3. June 1 - August 31 September 20,
- () 4. September 1 - November 30 December 20,

TYPE OF ESTABLISHMENT

_____ Hotel _____ Motel _____ Apartment Hotel _____ Bed and Breakfast _____ Other (describe)

BUSINESS ACTIVITY: Number of rooms _____ If seasonal, indicate season

If this is a FINAL PAYMENT, enter word "FINAL", date sold, and new owner's name and address:
Also if FINAL, enclose your certificate of Authority with this notice.

COMPUTATION OF TAX

- | | |
|---|----------|
| 1. Gross Income from Occupancy of Rooms..... | \$ _____ |
| 2. Taxable Room Rentals..... | _____ |
| 3. Less: Refunds or Other Credits..... | _____ |
| 4. Net Taxable Room Rentals..... | _____ |
| 5. County Occupancy Tax Due (3% of line 4)..... | _____ |
| 6. Prior (Over payment) or Underpayment..... | _____ |
| 7. Penalties and Interest (** see explanation below)..... | _____ |
| 8. Total County Occupancy Tax Due (Total of lines 5 through 7)..... | _____ |

** File this return with your remittance in full for the amount of tax within 20 days after the period covered by the return to avoid imposition of penalties and interest: 5% penalty for late payment : also, 1% interest for each month or fraction thereof that payment is delinquent commencing 30 days after last filing date.

Make remittance payable to and mail to: **Suffolk County Treasurer
330 Center Drive
Riverhead, New York 11901-3311**

CERTIFICATION OF TAXPAYER:

I hereby certify that this report, including any schedules, is true and complete to the best of my knowledge.

DATE: _____ SIGNATURE: _____

TITLE: _____