

RETURN OF OCCUPANCY TAX

Madison County

Treasurer's Office

**CALENDAR QUARTER REPORTING***(Check One)*

First - 1/1-3/31
 Second - 4/1-6/30
 Third - 7/1-9/30
 Fourth - 10/1-12/31

Business Name: _____

Address: _____
 (Street) _____ (City) _____ (State) _____ (Zip) _____**TYPE OF ESTABLISHMENT**

Hotel Motel Other _____ Number of Rooms _____

Date Operation Started: _____ Certificate No.: _____

COMPUTATION OF TAX

A. Income from Occupancy	\$ _____	A
B. Less: Exempt Income		
1. Occupants from Exempt Organizations	\$ _____	B1
2. Permanent Residents	\$ _____	B2
3. Add Lines B1 and B2	\$ _____	B3
C. Net Taxable Income (Line A minus Line B3)	\$ _____	C
D. Tax Due (4% 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 30 days after the period covered by the return to avoid the imposition of a penalty of 10% of the tax due plus interest at 1.5% of such tax for each month or part thereof of delay.

*Make remittance payable
and mail to:*

Madison County Treasurer
PO Box 665
Wampsville, NY 13163

I hereby certify that this return, including any attachments, is to the best of my knowledge a true and complete return.

Signed _____ Dated _____

Title _____

It shall be unlawful for any officer or employee of the County of Madison to knowingly and willfully disclose in any manner any information contained in any return of occupancy tax.