COUNTY OF ALBANY
DIVISION OF FINANCE

O C C U P A N C Y T A X—new Rate, 6.5%

(Pursuant to Chapter 693 of the laws of 1980, Chapter 375 of the laws of 1985, and Chapter 531 of the laws of 2005 of the State of New York and Local Law No. 3 for 1980, amended by Local Law No. 8 for 1981, Local Law No. 3 for 1986, as amended)

_____
Name of Hotel (place of business name)

_____
Address (where hotel is located)

H-_____
Certificate of Authority Number
(tax number issued by Albany County)

_____, New York _____

II PAYMENT SCHEDULE

QUARTERLY PAYMENT	DUE NO LATER THAN:
□ December 1 – February 28, _____	March 20th
□ March 1 – May 31, _____	June 20th
□ June 1 – August 31, _____	September 20th
□ September 1 – November 30, _____	December 20th

IF POSTMARKED AFTER DUE DATE, LATE CHARGES WILL BE ASSESSED

III

TYPE OF ESTABLISHMENT:
___Motel ___Hotel ___Apartment Hotel ___Lodging House ___Other_____

BUSINESS ACTIVITY:
Number of rooms_____ Date business started_____

IS THIS FINAL PAYMENT: ____YES ____NO (Final Only if Business CLOSED or SOLD)

Last business date_____

IV

New York State Sales Tax paid for quarter	$_____
A. Gross Income from Occupancy of Rooms	$_____
B. Taxable Room Rentals	$_____
C. **6.5% Tax Due (5% of line B)**	$_____
D. Less Refunds or other credits (list on reverse)	$_____
E. Net Tax Due (make checks payable to: **Director of Finance, Albany County**)	$_____
F. Average Occupancy (Actual % of guest rooms rented during reporting quarter)	_____%
G. Average daily rate (ADR) during reporting quarter	$_____

Penalties and Interest. Any person failing to file a return or to pay over any tax to the Director of Finance within the time required by this local law shall be subject to a penalty of five percent of the amount of tax due; plus interest at the rate of one percent of such tax for each month of delay excepting the first month after such return was required to be filed or such tax became due. Unpaid penalties and interest may be enforced in the same manner as the tax imposed by this local law.

V

Taxpayer Certification:

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

Date: _____/_____/_____ _____ _____
SIGNATURE – AGENT/ OFFICER TITLE

This report must be completed and filed with your remittance in full for the total amount due to avoid penalty and interest charges. Submit to: **DIVISION OF FINANCE, COUNTY OF ALBANY, 112 STATE STREET – SUITE 1340 ALBANY, NEW YORK 12207-2021**

D. Refunds or other credits	Amount
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
________________	$________
Total Refunds or Credits Line D ________	$________