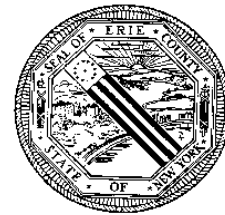


County of Erie – State of New York
**RETURN OF TAX ON
 OCCUPANCY OF HOTEL ROOMS**



(Pursuant to Chapter 614 of the Laws of the State of New York)
FOR ESTABLISHMENTS WITH MORE THAN 30 ROOMS

Due by: _____

For the Period: _____

HOTEL NAME _____

TAX ID NO. _____

OWNER _____

TAX ID NO. _____

ATTN _____

Type of Establishment:

ADDRESS _____

Hotel _____

CITY _____ STATE _____ ZIP _____

Motel _____

Apartment Hotel _____

Hotel/Motel Address:

Lodging House _____

Name _____

Other (describe) _____

Address _____

(Please correct any errors on the above)

Business Activity:

Number of rooms _____

Date Business Started _____

If Final Return, check here

Reason for Final _____

Sold To _____

Other _____

Computation of Tax:

1	Gross Room Rentals	\$	_____
2	Less: Non-Taxable Room Rentals (supported by an Exemption Certificate)	\$	_____
3	Less: Rental for Stays of 30 Days or More by a Guest	\$	_____
4	Net Taxable Room Rentals (Line 1 Minus Line 2 Minus Line 3)	\$	_____
5	Tax Due 5% of (Line 4)	\$	_____
6	Penalty (5% of Line 5 due the first month of delay after the due date)	\$	_____
7	Interest (1% of line 5 for each month of delay excepting the first month of delay after the due date) ...	\$	_____
8	Total Due	\$	_____

This return must be filed with your remittance in full for the amount of the tax within 20 days after the period covered by the return to avoid imposition of penalties. Make remittance payable to "Erie County Comptroller". Please mail your return to ERIE COUNTY COMPTROLLER, 95 FRANKLIN ST, ROOM 1100, BUFFALO NY, 14202.

Certificate of Taxpayer:

FOR OFFICE USE ONLY

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

Signature (Agent, Officer of Corp., Etc.)

Print Name *Date*

Print Title *Telephone No.* *Print Email Address*