

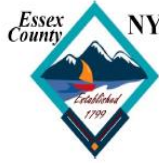
OFFICE OF THE ESSEX COUNTY TREASURER

Michael G. Diskin, Treasurer
Lisa Decker, Deputy

Essex County Government Center
7551 Court Street P.O. Box 217
Elizabethtown, NY 12932

Phone: 518-873-3310
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INSTRUCTIONS FOR ROOM TAX REGISTRATION FORM

1. Print or Type Business Name if a Business
2. Owner Name if a Private Owner
3. Mailing Address where all correspondence should be sent
4. Telephone Number and email where you can best be reached
5. Location of Property if different than Mailing Address
6. Name of Contact Person
7. Title and Telephone Number of Contact Person (Owner, Manager, etc.)
8. Choose YES or NO if you use a Rental Agent. If YES, provide the Agency's Name and Address
9. Type of Ownership of the Property being registered
10. Type of Establishment
11. Reporting Period you will be using to submit payments to Essex County. If registered with the New York State Department of Taxation and Finance, then you should choose the same reporting period that you use to report Sales and Use Taxes to New York State. If you are not registered with the New York State Department of Taxation and Finance, then you should report any amounts owed to Essex County on a Quarterly basis, using the same Quarterly periods as Sale Tax, which are 12/1 to 2/28, 3/1 to 5/31, 6/1 to 8/31, and 9/1 to 11/30. **DO NOT USE CALENDAR YEAR QUARTERS**
12. Number of units available to rent
13. If you own other rental properties in Essex County, please check YES
14. Please list where the other properties are located, if more than one rental property. You will need to complete a separate Registration Form for each property you own.



ESSEX COUNTY TREASURER
P. O. BOX 217 7551 COURT STREET
ELIZABETHTOWN, NY 12932
TEL: 518-873-3310 FAX: 518-873-3318
WEBSITE: www.essexcountyny.gov/county-treasurer

ESSEX COUNTY ROOM OCCUPANCY TAX REGISTRATION FORM

PLEASE PRINT OR TYPE

1. Business Name: _____

OR

2. Owner Name: _____

3. Mailing Address: _____

4. Telephone#: _____ Email: _____

5. Location of Business/Rental Property: _____

6. Main Contact Person: _____

7. Title: _____ Telephone # _____

8. Do you use a Rental Agency? ___ YES ___ NO

If YES: Name of Rental Agency _____

Address of Rental Agency: _____

Will Rental Agency Be Submitting Your Room Occupancy Tax? ___ YES ___ NO

9. Type of Ownership: ___ Individual ___ Partnership ___ Corporation

10. Type of Establishment: ___ Hotel ___ Motel ___ Bed & Breakfast ___ Condominium ___ Vacation Rental
___ Cabin ___ Cottage ___ Apartment ___ Private Home ___ Campground ___ Other(specify) _____

11. REPORTING PERIOD

___ Annual ___ Quarterly ___ Monthly

(3/1 – 2/28) (12/1-2/28) (3/1-5/31) (6/1-8/31) (9/1-11/30)

12. Number of Rooms/Units _____

13. Do You Own Any Other Rental Property In Essex County? ___ YES ___ NO

14. If Yes, Where Is It Located? _____

Under the penalties of perjury, I hereby certify that the statement made herein have been examined by me, and are, to the best of my knowledge and belief, true, correct, and complete.

DATE: _____

NAME: _____

(Signature of Property Owner)