

OFFICE OF THE ESSEX COUNTY TREASURER

Michael G. Diskin, Treasurer
Lisa Decker, Deputy – Taxes
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Essex County Government Center
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Elizabethtown, NY 12932

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

PAYER # will be assigned by the Essex County Treasurer's Office. If you are a First Time Registrant, the Treasurer's Office will notify you of your PAYER # once it is assigned to you.

1. Please type or print the name of the business
2. Please type or print the name of the owner if it is a private business
3. Please type or print the mailing address where all correspondence should be sent
4. Please type or print your telephone number and email where you can be reached
5. Please type or print the location of the business or rental property
6. Please type or print the name of the main contact person
7. Please type or print the title of the main contact person and their telephone number
8. Please choose the Reporting Period for which you are submitting payment
9. A. Revenue from Traditional Hotel/Motels Stays should be reported here
B. Revenue from Vacation Rental Unit Stays should be reported here
10. Report any Sales exempt under Essex County Room Occupancy Tax Law, Section 5
11. Net Revenue Line 9A + Line 9B – Line 10
12. Room Occupancy Tax Owed = 5% of Net Revenue
13. A Penalty of 5% is charged on all taxes due that are not paid or postmarked by the 20th day of the month the taxes are due – i.e. if a tax is due by 3/20, but not paid or postmarked by 3/20, but instead sent after that date, a penalty of 5% of the amount reported on Line 12 is owed.
14. Interest of 1% per month is charged as an additional penalty if payment is made more than 30 days after the end of the period being paid – i.e. a tax period ends on 2/28 and payment for this period is due by 3/20. If payment is not made until after 3/30, 1% interest is due. Interest continues to accumulate for each month or fraction thereof for each month the payment is late until it is paid. There is no interest charged in the first 30 days of the end of the period.
15. The TOTAL AMOUNT DUE is Line 12 + Line 13 + Line 14



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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 RETURN FORM

PLEASE TYPE OR PRINT

PAYER # _____

1. Business Name: _____
2. Owner Name: _____
3. Mailing Address: _____
4. Telephone #: _____ Email: _____
5. Location of Business or Rental Property: _____
6. Main Contact Person: _____
7. Title: _____ Telephone # _____
8. **FILING PERIOD**

Monthly: _____
DUE DATE: by 20th of following month

Computation of Taxes Owed

9. A. Revenue from Traditional Hotel/Motel Stays \$ _____
- B. Revenue from Vacation Rental Units \$ _____
10. *Less Sales Exempt under Essex County Room Occupancy Law, Section 5* \$ _____
11. Net Revenue (Line 9A + Line 9B – Line 10) \$ _____
- 12. ROOM OCCUPANCY TAX DUE (5% OF LINE 11)** \$ _____
- 13. PENALTY** (5% of Line 12 if not paid within 20 days of the end of the reporting period) \$ _____
- 14. INTEREST** (1% of Line 12 for each month or fraction thereof if tax is not paid within 30 days of the period covered by the return – no interest on first 30 days) \$ _____
- 15. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14)** \$ _____

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

DATE: _____ NAME: _____

MAKE PAYMENT PAYABLE TO "ESSEX COUNTY TREASURER" AND MAIL IT WITH THIS RETURN TO:

Essex County Treasurer's Office
P.O. Box 217
7551 Court Street
Elizabethtown, NY 12932