

OFFICE OF THE ESSEX COUNTY TREASURER

Michael G. Diskin, Treasurer
Lisa Decker, Deputy – Taxes
Jane Haskins, Deputy – Finance

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 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 **OR**
2. Please type or print the name of the Owner and Telephone # of the Owner
3. Please include an email address so we can email you receipts and contact you if needed
4. Mailing Address of the Business/Owner
5. Contact Information and Title, if different than information above
6. Telephone #, if different than information above
7. Please choose the Reporting Period for which you are submitting payment
8. A. Revenue from Traditional Hotel/Motels Stays should be reported here
B. Revenue from Vacation Rental Unit Stays should be reported here
9. Report any Sales exempt from NYS Sales and Use Tax
10. Net Revenue Line A. + Line B. – Line 8
11. Room Occupancy Tax Owed = 5% of Net Revenue (for all stays/bookings on or after 6/1/2020)
12. 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 10 is owed.
13. 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.
14. The TOTAL AMOUNT DUE is Line 10 + Line 11 + Line 12



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P. O. BOX 217 7551 COURT STREET
ELIZABETHTOWN, NY 12932
TEL: 518-873-3310 FAX: 518-873-3318
WEBSITE: www.co.essex.ny.us

ESSEX COUNTY ROOM OCCUPANCY TAX RETURN FORM

PLEASE PRINT OR TYPE

PAYER # _____

1. Business Name: _____
2. Owner Name: _____ Tel. # _____
3. Email Address: _____
4. Mailing Address: _____
5. Contact Name: _____ Title: _____
6. Tel. # _____

7. **FILING PERIOD (CHOOSE ONE)**

Annual: 3/1 – 2/28 _____ Quarterly: 12/1-2/28 _____ 3/1-5/31 _____ 6/1-8/31 _____ 9/1-11/30 _____ Monthly: _____
DUE DATE by 3/20 by 3/20 by 6/20 by 9/20 by 12/20 by 20th of following month

Computation of Taxes Owed

8. A. Revenue from Traditional Hotel/Motel Stays \$ _____
B. Revenue from Vacation Rental Units (6410 41133) \$ _____
9. *Less Tax Exempt Sales* \$ _____
10. Net Revenue (Line 8A. + Line 8B. - Line 9) \$ _____
11. **ROOM OCCUPANCY TAX DUE (5% OF LINE 9)** \$ _____
12. **PENALTY** (5% of Line 10 if not paid within 20 days of the end of the reporting period) \$ _____
13. **INTEREST** (1% of Line 10 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) \$ _____
14. **TOTAL AMOUNT DUE (Line 10 + Line 11 + Line 12)** \$ _____

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: _____

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

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Elizabethtown, NY 12932