

County of Dutchess – State of New York

Department of Finance  
(845) 486-2033

**RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS**  
(Pursuant to Chapter 208 of the laws of 1983 of the State of New York)

Due on or before \_\_\_\_\_

Period From \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Hotel: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ I.D. No. H-\_\_\_\_ - \_\_\_\_\_

Business Activity:

Number of Rooms \_\_\_\_\_ Date Business Started \_\_\_\_\_

If this is a Final Return enter the word "Final" with date of last day of business and brief explanation:

\_\_\_\_\_

Computation of tax:	A.	Total Income from rooms	_____
	B.	Less Exempt Income	_____
	C.	Taxable Rental Rooms (Line A Less Line B)	_____
	D.	Less Refunds and other credits	_____
	E.	Net Taxable Rentals (Line C Less Line D)	_____
	F.	Tax Due (4% Line E)	_____
	G.	5% Penalty if paid after the 20 <sup>th</sup> but before the end of the month	_____
	H.	Interest at 1% per month thereafter	_____
	I.	Total due (Lines F through H)	_____

This return must be filed with your remittance in full for the amount of the tax within twenty (20) days after the last day of the calendar quarter to avoid imposition of penalty and interest.

Make remittance payable to: **County of Dutchess, Commissioner of Finance**

Mail to: **Dutchess County Commissioner of Finance, 22 Market Street, Poughkeepsie, New York 12601-3294**

Certificate of Taxpayer:

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

Type or Print Name

Date \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_