COUNTY OF ULSTER – STATE OF NEW YORK

RETURN OF TAX ON OCCUPANCY OF HOTEL/MOTEL ROOMS

(Pursuant to Chapter 221 of the Laws of 1991of the State of New York)

Please fill out all information:				
Registration Number (located on the Certific	ate of Authority)			
Period from20	to 20			
Name:				
Address:				
Name of Business:				
Telephone No. ()	_ e-mail address			
Number of Rooms at the facility:				

Computation of Tax:

A. Total Income (if no income, enter zero)	
B. Less Exempt Income (Certification attached)	
C. Subtotal (Line A Less Line B)	
D. Percentage from Schedule A (if applicable), else 100%	
E. Taxable Rental Rooms Income (Line C multiplied by Line D)	
F. Less Refunds and other credits(documentation attached)	
G. Net Taxable Rental Income (Line E Less Line F)	
F	
H. Tax Due (2% of Line G)	

This return must be filed quarterly. Please include remittance for any tax due. Payments for 2009 must be received within (20) days after the last day of February, May, August and November to avoid the imposition of penalty and interest.

All late payments are subject to penalties and interest as provided for in Local Law #5 of 1991, Section 407. Interest and penalties will be calculated by the Ulster County Department of Finance.

Make remit	tance payable to: County of Ulster
Mail to:	Ulster County Department of Finance P.O. Box 1800 Kingston, NY 12402

Taxpayer Certification:

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

Signature:	Date	20
Please Type or Print Name		

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CERTIFICATION OF EXEMPT INCOME

I VERIFY THAT THE INFORMATION CONTAINED HERE IS CORRECT AND TRUE AND WILL BE READILY AVAILABLE

Signature

Date