

COUNTY OF ULSTER – STATE OF NEW YORK

RETURN OF TAX ON OCCUPANCY OF HOTEL/MOTEL ROOMS
(Pursuant to Chapter 221 of the Laws of 1991 of the State of New York)

Please fill out all information.

Certificate of Authority # _____
Period from: _____ to _____
Establishment Name: _____
Establishment Address: _____
Contact on file: _____
Telephone No. (____) _____ - _____ Email address: _____

Computation of Tax for NON-AirBnB RENTALS: All Lines must be filled in.

- A. Total Income, inclusive of daily rate AND cleaning fee
(if no income, enter zero) A. _____
- B. Less Exempt Income (Certification on back)
* This only applies to rent received from non-profit organizations B. _____
- C. Refunds and other credits to renters C. _____
- D. Subtotal (Line A Less Line B&C) D. _____
- E. Percentage from Schedule A (if applicable), else 100%
* This only applies if you provide meals E. _____
- F. Taxable Rental Rooms Income (Line D multiplied by Line E) F. _____
- G. Tax Due (2% of Line F) Total Due G. _____

AMOUNT OF TAX GENERATED FROM AIRBNB RENTALS \$ _____

*THIS AMOUNT WILL BE SUBMITTED DIRECTLY TO THE COUNTY FROM AIRBNB BUT **MUST** BE REPORTED

This return must be filed quarterly, regardless if there is an income. Please include remittance for any tax due. Payments 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 as 1% Interest and 5% Penalty, every month overdue. See schedule on reverse side.

Make remittance 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 _____

Please Type or Print Name _____

****Please Note: This will be the only return accepted****

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CERTIFICATION OF EXEMPT INCOME

AMOUNT OF EXEMPT INCOME _____ *

*** THIS ONLY INCLUDES INCOME FROM GUESTS WITH TAX EXEMPT STATUS SUCH AS GOVERNMENT, NON-PROFIT ORGANIZATIONS, ETC.**

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

Signature

Date

DUE DATES

Quarter	Period	Due By	Due with Int/Penalties
1 st Qrt	Dec/Jan/Feb	March 20th	April 1st
2 nd Qrt	March/April/May	June 20th	July 1 st
3 rd Qrt	June/July/Aug	Sept 20th	October 1st
4 th Qrt	Sept/Oct/Nov	Dec 20th	January 1 st

Returns sent out by: (If not received call our office)

1st Quarter February 15-20

2nd Quarter May 15-20

3rd Quarter August 15-20

4th Quarter November 15-20

Delinquent Notices sent:

1st Notice 15 Days after due date

2nd Notice 45 Days after