



VILLAGE OF HARRISON - STATE OF NEW YORK
TREASURER'S OFFICE



**RETURN OF TAX ON OCCUPANCY
OF HOTEL ROOMS**

Due on or before _____

Covering the period from _____ To _____

Hotel Name _____

Address _____

Zip Code _____

Computation of Tax:

1. Gross Income From Occupancy of Room.....	\$
2. Less: Non - Taxable Room Rentals	\$
3. Net Taxable Room Rentals (Line 1 minus Line 2).....	\$
4. Room Occupancy Tax Due (3% of Line 3).....	\$
5. Add: Penalty Due (5% of Line 4 per month or any fraction of a month to a maximum of 25% for each year).....	\$
6. Add: Interest Due (1% of Line 4 for each month or any fraction of a month)..	\$
7. Total Amount Due (Add Lines 4, 5, and 6).....	\$

Please complete the following:

Number of rooms available for rental

Has the business been sold?

No Yes Date:

Has the business ceased operations?

No Yes Date:

CERTIFICATE OF TAXPAYER:

I hereby certify that this return is, to the best of my knowledge and belief, true and complete.

Business Name

Authorized Signature

Date

Title

This return must be filled out along with your remittance in full for the tax due within 20 days after the period covered by the return to avoid the imposition of penalties and interest.

Make check payable to: Village of Harrison
1 Heineman Place
Harrison, NY 10528

VILLAGE OF HARRISON ROOM OCCUPANCY TAX

SCHEDULE (A)

CALCULATION OF NON-TAXABLE ROOM RENTALS

SCHEDULE A MUST BE FILED WITH QUARTERLY RETURN

ONLY NON - TAXABLE ROOM RENTALS LISTED BELOW ARE ALLOWABLE

(Please type or print clearly)

Period covered: From: _____ To: _____

Hotel Name: _____

LIST DOLLAR AMOUNT BY CATEGORY

		<u>Amount</u>
1	Tax Exempt Organizations. (New York State Agencies and Sub-divisions; Federal Agencies and Sub-divisions; Organizations with a valid New York State Tax Exempt Certificate.)	\$ _____
2	Ninety day Residents. Must be occupant continuously for 90 days.	\$ _____
3	Ninety Day Resident Adjustment. (Include adjustments made retroactively for tax paid by occupant before occupant qualified for 90 day exemption. Proof is to be furnished that the tax was reimbursed to occupant.)	\$ _____
4	Exempt Occupants. (Rent must be paid directly to hotel by the Department of Social Services.)	\$ _____
5	Add Lines 1 through 4. Record total on this line and on Line 2 of quarterly tax return.	\$ _____

SIGN BELOW AND ATTACH TAX RETURN

Submitted by:

NAME: _____ TITLE: _____

DATE: _____

(Signature)

Village of Harrison

Treasurer's Office

INSTRUCTIONS - QUARTERLY RETURN - HOTEL ROOM OCCUPANCY TAX

LINE 1: GROSS INCOME FROM OCCUPANCY OF ROOM

Enter on Line 1. Include all rental income from occupancy of rooms, whether or not ultimate payment is received.

LINE 2: LESS NON - TAXABLE ROOM RENTALS - TOTAL OF SCHEDULE A

Enter Total of Schedule A on Line 2. Schedule A must be completed and attached to the return in order for non-taxable room rentals to be allowed. If Schedule A is not attached, non-taxable room rentals will be disallowed. Tax assessment will be made on gross room rentals per Line 1.

Non-taxable rentals consist of the following:

- Tax Exempt Organizations with a Valid New York State Tax Exemption Certificate.
- Hotel residents who have been occupants continuously for ninety (90) days.
- Exempt occupants defined as hotel occupants whose rent is paid directly to the hotel by the Department of Social Services.

LINE 3: NON-TAXABLE ROOM RENTALS

Subtract Line 2 from Line 1. Enter Amount on Line 3.

LINE 4: ROOM OCCUPANCY TAX DUE

MULTIPLY LINE 3 BY 3%. Enter Amount on Line 4.

LINE 5: PENALTY DUE

Enter Penalty, if any, on Line 5. A penalty will be assessed by this office for late payments. The penalty is 5% per month or any fraction of a month to a maximum of 25% per year for late payments or non-payment of taxes. Payment is due in our office on or before the 20th day of April, July, October and January.

LINE 6: INTEREST DUE

Enter Interest, if any, on Line 6. Interest will be assessed by this office for late payments. Interest will be computed at 1% per month or any fraction of a month for late payments or non-payment of taxes. Payment is due in our office on or before the 20th day of April, July, October and January.

LINE 7: TOTAL AMOUNT DUE

Add Lines 4, 5, and 6. Place total on Line 7. Payment of tax is to be made at the time the return is filed. Failure to do so will result in the assessment of penalty and interest on taxes owed. Make checks payable to : Village of Harrison - Treasurer's Office

MAIL TAX RETURN & PAYMENT TO:

Village of Harrison - Treasurer's Office
1 Heineman Place, Harrison, NY 10528