

SULLIVAN COUNTY HOTEL AND MOTEL ROOM OCCUPANCY TAX RETURN

(Pursuant to Local Law 5 of 1989 of the County of Sullivan, New York)

SULLIVAN COUNTY TREASURER'S OFFICE, 100 NORTH STREET, MONTICELLO, NY 12701

PHONE: (845) 807-0210; FAX # 845-807-0220; EMAIL: roomtax@sullivanny.us

*** THIS RETURN MUST BE FILED WHETHER OR NOT THERE IS A TAX TO BE REMITTED ***

SECTION 1 – FILER INFORMATION:

Room Tax Identification Number: _____

Business/Owner name: _____ Name of Establishment: _____

Mailing address: _____

Type of Establishment: Hotel _____ Motel _____ B & B _____ Home _____ Other _____

Reporting Period: 9/1 – 11/30/____ (Due 12/20) 12/1 - 2/29/____ (Due 3/20) 3/1 – 5/31/____ (Due 6/20)

6/1 – 8/31/____ (Due 9/20) Annual File 9/1 - 8/31/____ (Due 9/20)

Final Return: Reason: _____

This form must be returned (postmarked) with your remittance for the full amount of the tax due within 20 days after the last day of the filing period to avoid the imposition of a penalty and interest.

Total number of rentals per filing period: Airbnb: _____ VRBO/ HomeAway: _____ Evolve _____ Hipcamp _____

All Others: _____ (See Instructions – Section 1)

Are rentals exclusive to Airbnb, VRBO/HomeAway, Evolve or Hipcamp? NO (If no, continue to Section 2) YES (If yes, skip to Section 3)

SECTION 2 - COMPUTATION OF TAX:

A.	Gross Income from Rooms:	\$ _____
B.	Less exempt income from rooms (Complete Section 4 on page 2):	\$ _____
C.	Net income from rooms (Line A minus Line B):	\$ _____
D.	Tax Due (Line C multiplied by 5%):	\$ _____
E.	Penalty (if paid after the 20th) - 5% per month until payment is received: (Penalty is Unpaid Tax Due [Line D] multiplied by 5% per month beginning with the month the tax is due until payment is received)	\$ _____
F.	TOTAL DUE (Lines D through E)	\$ _____

Make remittance payable to: County of Sullivan Treasurer. [Include Room Tax Number on check.]

Mail to: Room Tax, Sullivan County Treasurer, 100 North Street, PO Box 5012, Monticello, NY 12701.

SECTION 3 - CERTIFICATION OF TAXPAYER

Under the penalty of perjury, I hereby certify that this return and any attachments are true and complete to the best of my knowledge and information.

Type or print name

Signature of Owner or Authorized Agent

Date

Preparers e-mail address and telephone number

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SECTION 4 - EXEMPT SALES CERTIFICATION:

Room Tax Identification Number: _____			
Business/Owner name: _____			
Reporting Period:	<input type="checkbox"/> 9/1 – 11/30/____ (Due 12/20)	<input type="checkbox"/> 12/1 - 2/29/____ (Due 3/20)	<input type="checkbox"/> 3/1 – 5/31/____ (Due 6/20)
	<input type="checkbox"/> 6/1 – 8/31/____ (Due 9/20)	<input type="checkbox"/> Annual File 9/1 – 8/31/____ (Due 9/20)	

Exempt Income from rooms \$ _____ (Insert Exempt Income from Section 2, Line B.)

Breakdown all Exempt Income reported according to type of Occupant. In the alternative, you may provide this information on a separate sheet of paper attached to this Return.

	Type of occupant	Number of Rooms	Rate Per Day	Total Number of Days Rented	Total Exempt Income
	<i>Ex: Permanent Resident</i>	1	\$65.00	91	\$5,915.00
1					
2					
3					
4					
6					
	TOTAL EXEMPT INCOME:				\$