



STEUBEN COUNTY FINANCE OFFICE
 3 EAST PULTENEY SQUARE
 BATH, NY 14810
 607-664-2490

**ROOM OCCUPANCY TAX RETURN FORM
 PLATFORM SHORT-TERM RENTALS**

(Pursuant to Chapter 374 of the Laws of 1987 of the State of New York, Local Law #3 of 1987, & Local Law #5 of 2023)

PLEASE PRINT OR TYPE

Certificate # _____ Phone: _____

Business / Owner Name: _____

Rental Address: _____
 _____, NY _____

Email Address: _____

Quarter: _____ 1/1-3/31 - **Due April 20th** _____ 4/1-6/30 - **Due July 20th**
 _____ 7/1-9/30 - **Due October 20th** _____ 10/1-12/31 - **Due January 20th**

_____ Final Return: business has been sold or permanently closed.

If Seasonal (indicate months of operation) _____

Short-Term Rental (specify web platform(s)): _____ Other (specify): _____

COMPUTATION OF TAX:

- A. Gross Income Collected from Occupancy of Rooms \$ _____
- B. Less Refunds and Other Credits (\$ _____)
- C. Net Taxable Income (Line A minus Line B) \$ _____
- D. County Room Occupancy Tax Due (4% of Line C) \$ _____
- E. Prior Quarter – Overpayments or Underpayments + or - \$ _____
- F. Penalties and Interest (5% late return, 1%/Month Interest) \$ _____
- G. Total Amount Due (Line D to Line F) \$ _____*

**This return must be filed even if there is no tax to be remitted.*

Under the penalties of perjury, I hereby certify that I have examined this return, and the information contained herein, and to the best of my knowledge and belief the same are true, correct, and complete.

Print Name: _____ Signature _____

Date: _____ Title: _____