



COUNTY OF ST. LAWRENCE
OFFICE OF THE TREASURER

ROOM OCCUPANCY TAX REMITTANCE FORM

(PURSUANT TO THE LAWS OF 2016 ADOPTED BY THE COUNTY BOARD OF LEGISLATORS)

_____ ID NUMBER

NAME OF HOTEL _____

ADDRESS _____

**** Please Note:** This Return must be filed whether or not there is tax to be remitted.

PAYMENT SCHEDULE

QUARTERLY PAYMENT

DUE ON OR BEFORE

aaaa December 1 – February 28

March 20th

aaaa March 1 – May 31

June 20th

aaaa June 1 – August 31

September 20th

aaaa September 1 – November 30

December 20th

COMPUTATION OF TAX

A. Income from Occupancy of Rooms	\$ _____	A
B. Less: Exempt Income		
1. Occupants from exempt Organizations	"" _____	B1
2. Permanent Residents	"" _____	B2
3. Add Lines B1 and B2	"" _____	B3
C. Net Taxable Income (Line A minus Line B3)	"" _____	C
D. Tax Due (3% of line C)	"" _____	D
E. Penalty and Interest (___% of Line D)	"" _____	E
F. Prior Underpayment	"" _____	F
G. Prior Overpayments (as approved by County Treasurer)	"" _____	G
H. Total Tax Due (Line D plus Line E plus Line F minus Line G)	"" _____	F

Make Remittance Payable to and mail to: **St. Lawrence County Treasurer**
48 Court Street
Canton, NY 13617

CERTIFICATION OF TAXPAYER: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete

Date: _____

Signature (Agent, Officer, etc.) _____

Title: _____