



Return of Tax on Occupancy of Rooms

State of New York ~ Town of Skaneateles

For Year: 2024

- 1st Quarter (Jan. 1-Mar. 31) due on or before **April 20th**
- 2nd Quarter (Apr. 1-Jun. 30) due on or before **July 20th**
- 3rd Quarter (Jul. 1-Sep. 30) due on or before **October 20th**
- 4th Quarter (Oct. 1-Dec. 31) due on or before **January 20th**

Name _____

Name of Hotel/Establishment _____

Address: _____

<i>Certificate of Authority</i>
<i>Registration Number:</i>

Type of Establishment:

Hotel Motel **Bed & Breakfast** Other: _____

Range of Room Rates: \$ _____ to _____

Number of Rooms: _____ Date Business Started: _____

Gross Income from occupancy of rooms _____

Computation of Tax:

A - Taxable Room Rentals _____ \$ _____

B - Less: Refunds and Other Credits _____ \$ _____

C - Net Taxable Rentals (line A minus line B) _____ \$ _____

D - Tax Due CZ.% of Line C) _____ \$ _____

E - Penalty * _____ \$ _____

Check# _____ F - Total Due = \$ _____

*** Penalty of 5 % per month is to be added for late filing and/or late payment. Additional interest will be imposed by Chief Fiscal Officer at a rate of 1% per month in accordance with the Town of Skaneateles Occupancy Tax Law.**

Make Remittance payable to:
Town Clerk
24 Jordan Street
Skaneateles, NY 13152

Mail must be postmarked **BY DUE DATE**

Certification of Taxpayer

I hereby certify that this report (including any schedules) is, to the best of my knowledge and belief, a true and complete report.

(Name of Business or Taxpayer)

[Signature (Agent, Officer of Corporation, etc.)]

_____, 20__ Title _____