

N Y C HTXB

HOTEL ROOM OCCUPANCY TAX RETURN

FOR USE BY SMALL FACILITY OPERATORS ONLY

							DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY					
		Check type of busi	ness entity: [Corr	ooration	•	Partners	ship or LLC		Individual		
			rn: Initial return			Amended return Final return						
Date business began in NVC											- 1	
	Date business began in NYC											
	Legal Name:						EIN/SSN:					
		Facility Address (n)	umber and street):			ACCOUNT TYPE HOTEL TAX - BED & BREAKFAST						
		Facility Address (IId	mber and street):			ACCOUNT ID						
City and State:				Zip:	D BEGINN	IING	L					
		,			,	PERIOD ENDING						
		Business Telephone	e Number:			DUE DATE						
						FEDER	AL BUSIN	IESS CODE		1 1 1 1		
	Enter the following information in order for this return to be complete: a. If you have transferred ownership of the hotel during the period covered by this return, provide name of new owner: aa.											
b.	Number of rooms a	vailable to transi e	ent occupants at the above hotel (see instructions)			• b.						
			•		,							
SCHEDULE A Computation of Tax Payment Enclosed												
A.				Make check payable to: NYC Department of Fi			•					
	RENT CATEGO (SEE INSTRUC		TAX RATE (PER ROOM AND DAY)		MBER OF TAXABLE ROOM DURING THIS TAXABLE P	-		(TAX RATI		AX DUE AXABLE ROOM R	ENTALS)	
1	\$ 10 - \$19.99		\$ 0.50		DOMING THIS TAXABLE TO	LINOD	• 1.	(
	\$ 20.00 - \$29.99		\$ 1.00				• 2.					
	\$ 30.00 - \$39.99		\$ 1.50				• 3.					
	\$ 40.00 and over		\$ 2.00				• 4.					
-7.	ADDITIONAL TA		TAX RATE	тс	OTAL RENTS DURING TH	IIS TAX PI		ADD'L TA	X DUE (TA	X RATE X TOTAL	RENTS)	
5.	Additional Tax		5%				• 5.					
6.	Total of lines 1 thro	ough 5					 6.					
	Total tax collected	-										
		•	greater of line 6 or 7)				- t					
			edule) (see instructions)									
		•										
	•	•	iod• 11a.									
			rious tax return• 11b.									
12.	` '	•					12.					
	Balance due (line 10 less line 12)						• 13.					
	Overpayment (line 12 less line 10)						14.					
	Amount of line 14 to be: (a) Refunded											
16.	Interest (see instru	ıctions)					16.					
17.	Penalty (see instru	ıctions)					17.					
18.	TOTAL REMITTAL	NCE DUE (line 13	3 plus lines 16 and 17) (Ente	er paym	nent on line A above)		18.					
			CERTIFICATI	ON	OF TAXPA	YER						
			ompanying schedules or statemen					_	and belief,	true, correct and co	omplete.	
Ιa	uthorize the Dept. of Finar	nce to discuss this ret	urn with the preparer listed below	. (see ins	tructions)			YES				
Signature of owner, partner or corporate officer TITLE TELEPHONE NUMBER Date										rer's Social Security N	Jumber	
Signature of owner, partner or corporate officer TITLE TELEPHONE NUMBER Date												
F	Preparer's signature		PREPARER'S PRIN	ITED NAM	мE	DATE			Firm's I	Employer Identification	n Number	
_						Check		. 🗆				
	Firm's name		dress		Zip Code		mployed					
	DID YOUR MAILING ADDRESS CHANGE? Mail this return and payment lift so, please visit us at nyc.gov/finance and click in the enclosed envelope to:									proper credit, y ur correct E		
	date Name and Addr		a.e eneced envelop	. .	NYC DEPARTMENT OF FINANCE					tion Number o		

DID YOUR MAILING ADDRESS CHANGE? If so, please visit us at nyc.gov/finance and click "Update Name and Address" in the blue "Business Taxes" box. This will bring you to the "Business Taxes Change of Name, Address or Account Information". Update as required.

NYC Dept. of Finance P.O. Box 5160 Kingston, NY 12402-5160

Payment must be made in U.S. dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number or Social Security Number and your Account ID number on your tax return and remittance.