| COUNTY OF NASSAU |
|---------------------------------|
| OFFICE OF THE TREASURER |
| HOTEL MOTEL TAX REMITTANCE FORM |

| Business/Owner Name: | | | | |
|---|-----------------------|---|---------------------------|------------------|
| Name of Establishment: | | | | |
| Mailing Address: | | NYS Sales Tax Id No. | Н | |
| Type of Establishment: [] Hotel [] Motel | | [] B & B [] Other specify: | | |
| Tax Year: Tax Quarter: | | Quarterly Payment [] January 1- March [] April 1- June 30 [] July 1 – Septemb [] October 1 – Dece | er 30 May Augu Nove | ust 1 ember 1 |
| [] Final Return: business has been s | sold or permanently c | closed Date Busines | s Closed: | |
| | | Name of New | Owner: | |
| COMPUTATION OF TAX | | | | |
| 1. Gross Income from occupancy | \$ | | | |
| Less: Exempt income* (must a. From occupants stay | consecutively \$ | | | |
| b. From occupants of exempt organizations | | | | |
| 3. Net taxable income/room rentals | | | | |
| 4. County Occupancy Tax Due (3% of line 3) | | | | |
| 5. Less Refunds or other Credits* | | | | |
| 6. Penalty and Interest | | | | |
| 7. Total Occupancy Tax Due | | | | |

* Completed Schedule E and any other written explanation of exempted income or of any refunds or credits claimed must be attached to this form and submitted (all of which is subject to county audit). Failure to submit the required schedules will result in the tax remittance to be deemed as incomplete/invalid and may result in the imposition of penalties and interest.

* File this return with your remittance for the amount of tax due for this reporting period, on or before the due date (see schedule above), to avoid imposition of penalties and interest (ie. 5% penalty for late payment and 1% interest for each month or fraction thereof that payment is delinquent.

Make remittance payable to and mail return and remittance to: Nassau County Treasurer

1 West Street Mineola, NY 11501-4248 Attn: Hotel Motel Tax

| CERTIFICATION OF TAXPAYER: Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and documentation, and to the best of my knowledge, it is true, correct and complete. | | | | | |
|---|------------|--|--|--|--|
| Name: | Signature: | | | | |
| Date: | Title: | | | | |