



COUNTY OF NASSAU
OFFICE OF THE TREASURER
HOTEL AND MOTEL TAX REMITTANCE FORM

(PURSUANT TO CHAPTER 511 OF THE LAWS OF 1994 AS AMENDED BY CHAPTER 179 OF THE LAWS OF 2000)

Name of Hotel / Motel:

.....
NYS Sales Tax Identification No.

Address:

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

PAYMENT SCHEDULE

QUARTERLY PAYMENT

- ☐ JANUARY 1 - MARCH 31
- ☐ APRIL 1 - JUNE 30
- ☐ JULY 1 - SEPTEMBER 30
- ☐ OCTOBER 1 - DECEMBER 31

DUE ON OR BEFORE

MAY 1

AUGUST 1

NOVEMBER 1

FEBRUARY 1

COMPUTATION OF TAX

- | | | | | |
|-------|---|-------|-----------|--------------|
| 1. | Gross income from Occupancy of Rooms | | \$ | |
| 2. | Less: Income from exempted rentals | | | |
| 3. | Net Taxable Room Rentals | | | |
| 4. | County Occupancy Tax Due (3% of Line 3) | | | |
| 5. * | Less: Refunds or other credits | | | |
| 6. ** | Penalties and Interest | | | |
| 7. | TOTAL OCCUPANCY TAX DUE | | \$ | |

* Please attach a written explanation or schedule of any exempted income claimed and of any refunds or credits claimed.

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

Make remittance payable to and mail return to: Nassau County Treasurer
1 West Street
Mineola, N.Y. 11501-4248
Attn: Hotel & Motel Tax

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: