

**VILLAGE OF BRIARCLIFF MANOR
STATE OF NEW YORK
DEPARTMENT OF FINANCE
RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS**

**(Pursuant to Chapter 195 Taxation, Article VII Hotel Room
Occupancy Tax of the Village of Briarcliff Manor)**

Hotel Name & Address

Covering Period: _____ Year: _____

Q1: Dec 1 - Feb 28, due on or before Mar 20
Q2: Mar 1 - May 31, due on or before Jun 20
Q3: Jun 1 - Aug 31, due on or before Sept 20
Q4: Sep 1 - Nov 30, due on or before Dec 20

IMPORTANT! PLEASE PAY BY DUE DATE TO AVOID LATE CHARGES

COMPUTATION OF TAXES:

| | |
|--|----------|
| A) Gross Taxable Room Rental Income | \$ _____ |
| B) Less Refunds and Other Credits | _____ |
| C) Net Taxable Room Rentals (<i>line A minus line B</i>) | _____ |
| D) Room Occupancy Tax Due (3% of line C) | _____ |
| E) Add: Late Penalty Due (5% of line D) | _____ |
| F) Add: Late Interest Due (1% per month of line D - after 30 days) | _____ |
| G) Total Amount Due (Add lines D, E, and F) | \$ _____ |

PLEASE COMPLETE THE FOLLOWING:

Number of rooms available for rental: _____

Has the business been sold? No _____ Yes _____ (Date: _____)

Ceased operations? No _____ Yes _____ (Date: _____)

If "yes" to any of the above, you must return **Certificate of Authority** to our office.

Certificate of Taxpayer:

I hereby certify that this return is, to the best of my knowledge and belief, true and complete.

Contact Information

Business Name _____

Authorized Signature _____

Name _____

Date _____ Title _____

Phone Number _____

This return must be filed, along with your remittance in full for the tax due, within 20 days after the period covered by the return to avoid the imposition of penalties.

NOTE:

Make Check Payable to: Village of Briarcliff Manor

Mail Check and this Return to:

Village of Briarcliff Manor
Attn: Finance Office
1111 Pleasantville Rd
Briarcliff Manor, NY 10510

| |
|------------------------|
| OFFICE USE ONLY |
| POSTMARK DATE: _____ |
| CHECK NUMBER: _____ |

Questions, call (914) 944-2787