



*****This form is to be PRINTED OUT only*****
ROOM OCCUPANCY TAX REMITTANCE FORM

(Pursuant to Chapter 2-4, Division 7, of the Municipal Code of the City of White Plains)

Name of Hotel/Motel _____

Tax ID No: _____

Address _____

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

PAYMENT SCHEDULE

QUARTERLY PAYMENT

DUE ON OR BEFORE

- | | |
|--|------------|
| <input type="checkbox"/> JANUARY 1 - MARCH 31 | APRIL 20 |
| <input type="checkbox"/> APRIL 1 - JUNE 30 | JULY 20 |
| <input type="checkbox"/> JULY 1 - SEPTEMBER 30 | OCTOBER 20 |
| <input type="checkbox"/> OCTOBER 1 - DECEMBER 31 | JANUARY 20 |

COMPUTATION OF TAX

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

* 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). The failure to file a return or pay the amount due within the time required by law shall be subject to a penalty 5% of the amount due per month or any fraction of a month to a maximum of 25% for each year; plus interest at the rate of 1% of such tax for each month of delay or fraction of a month after such return was required to be filed or such tax became due.

Make remittance payable and mail return to: CITY OF WHITE PLAINS-DEPT OF FINANCE
255 Main Street, White Plains, NY 10601

Certification of Taxpayer: Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____
Title: _____

Date: _____