

RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS

Oneida Indian Nation

Department of Taxation



Facility Name	Certificate of Authority No.
Address	
Month Ended: / /	

Final Return

Type of Establishment

Hotel Motel Other (describe) _____

Computation of Occupancy Tax

- | | |
|----------------------------------------------------------------------------------|---------------------|
| 1. Gross Income from Occupancy of Rooms | \$ _____ (1) |
| 2. Less: Exempt Income | |
| a. From occupants of exempt organizations: | \$ _____ (2a) |
| b. From occupants of 30 (or greater) consecutive days: | \$ _____ (2b) |
| 3. Net Taxable Income (Line 1 minus lines 2a and 2b) | \$ _____ (3) |
| 4. Tax Due (5% of Line 3 in Oneida County or 4% of Line 3 in Madison County) | \$ _____ (4) |
| 5. Penalty and Interest (5% for late returns & 1% per month after the 1st month) | \$ _____ (5) |
| 6. Less: Credits | \$ _____ (6) |
| 7. TOTAL DUE | \$ _____ (7) |

This form must be signed and returned with your remittance, for the amount of the tax calculated, within twenty (20) calendar days following the month stated above in order to avoid penalty and/or interest.

Make remittance payable to:
Oneida Indian Nation

Mail to: Oneida Nation Department of Taxation
2037 Dreamcatcher Plaza
Oneida, NY 13421

I hereby certify that the information contained in this return, including any attachments, is true and complete.

Printed Name of Signer

_____/_____/_____
Signature of Taxpayer Representative Date