



**Delaware County Treasurer's Office**  
**111 Main Street • PO Box 431**  
**Delhi, NY 13753**  
**607-832-5070 • Fax 607-832-6013**

# Occupancy Tax Return

Due by the 20th of the Following Month

**TAX RETURN TYPE:**  
(select one)

- Quarter 1**  
Mar-Apr-May
  **Quarter 2**  
Jun-Jul-Aug
  **Quarter 3**  
Sep-Oct-Nov
  **Quarter 4**  
Dec-Jan-Feb
- Monthly**  
Enter Month Paying Below
  **Annual**  
Mar-Feb
  **Final Return**  
Business Sold
  **Final Return**  
Business Ended

Date Business Sold/Ended:

**CONTACT INFORMATION:**

1. Business Name: \_\_\_\_\_ 2. Certificate of Authority No: \_\_\_\_\_  
 3. Contact Person: \_\_\_\_\_ 4. Phone No: \_\_\_\_\_  
 5. Mailing Address: \_\_\_\_\_ 6. Email: \_\_\_\_\_

**COMPUTATION OF TAX:**

7. Gross Income From Occupancy of Rooms	\$	
8. Less Tax Exempt Sales	- \$	
9. Net Taxable Income From Occupancy of Rooms (Line 7 - Line 8)	\$	
10. County Occupancy Tax (2% of Line 9)	\$	
11. Less Vendor Collection Credit (5% of Line 10) Not to Exceed \$50; Void if Late Payment	- \$	
12. Net Occupancy Tax (Line 10 - Line 11)	\$	
13. Penalty (5% of Line 10) Applies After The Due Date	\$	
14. Interest (1% per month of Line 10)	\$	
15. Total Penalties and Interest	\$	
16. <b>TOTAL AMOUNT DUE</b> (Line 12 + Line 15)	\$	

Under the penalties of perjury, I hereby declare by my electronic signature via e-mail, or by my manual signature via regular mail, that I have examined this return, and to the best of my knowledge, believe the same is true and accurate.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Make Payment Payable to:

**Delaware County Treasurer**

Payment/Submission Options:

- Mail Payment and Tax Return Form to The Address at The Top of This Form
- Electronically Submit Form and Send Payment Via
  - Credit Card
  - Debit Card
  - Bill Payment Through Your Bank
  - Mail Check to:  
PO Box 431, Delhi, NY 13753