

276 Main Street, Goshen, NY 10924

Attn: Haroulla Gale Email: hgale@villageofgoshe-ny.gov

Phone: 845-294-6750 Fax: 845-294-6007

RETURN OF TAX ON OCCUPANCY OF HOTEL & MOTEL ROOMS

(Pursuant to Local Law 07 of 2023 of the Village of Goshen, New York)

PLEASE PRINT OR TYPE

Certificate#: _____ Phone Number: _____ EIN# (nine-digit number): _____

Business/Owner Name: _____

Name of Establishment: _____

Mailing Address: _____

Mailing Address City, State, Zip Code: _____

Year: ____ Quarter: 1st 1/1–3/31 Due 4/20 2nd 4/1–6/30 Due 7/20 3rd 7/1–9/30 Due 10/20 4th 10/1–12/31 Due 1/20

FINAL RETURN: Business has been sold or permanently closed.

Number of rooms rented for the quarter: _____ If seasonal, indicate months of operation: _____

Type of Establishment: Hotel Motel B&B Other: _____

COMPUTATION OF TAX:

A. Gross Income from rooms _____ \$ _____

B. Less Exempt Income from rooms _____ must complete page 2 _____ \$(_____)

C. Net Income from rooms _____ Line A minus Line B \$ _____

D. Less Refunds and Other Credits _____ must complete page 2 _____ \$(_____)

E. Net Income from rooms _____ Line C minus Line D \$ _____

F. Tax Due _____ Line E multiplied by 5% \$ _____

G. 5% Penalty _____ Line F multiplied by 5% (if applicable) \$ _____
(applied after the 20th of the month in which the payment is due (ex: payment due 3/20, penalty applied 3/21))

H. 1% Interest per month until paid in full _____ Line F multiplied by 1% (if applicable) \$ _____
(accrues the month after the payment is due (ex: payment due 3/20, interest starts to accrue 4/20))

I. **Total Due** _____ Add Lines F through H \$ _____

*****This return must be filed whether or not there is any tax to be remitted.*****

This form must be returned (postmarked) with your remittance for the full amount of the tax due within 20 days after the last day of the tax quarter to avoid the imposition of a penalty and interest.

Please call or e-mail for instructions regarding electronic payment (preferred).

Make check payable to: Village of Goshen, include *Certificate Number (VOG#)* in the memo section of the check.

Mail to: Occupancy Tax, Village of Goshen, Tax Collector Office, 276 Main Street, Goshen, New York 10924

Certification of Taxpayer

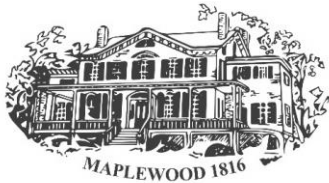
Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete return.

Type or Print Name

Signature

Title

Date



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EXEMPT INCOME WORKSHEET

Certificate#: _____ Name of Establishment: _____

Year: ____ Quarter: 1st 1/1-3/31 Due 4/20 2nd 4/1-6/30 Due 7/20 3rd 7/1-9/30 Due 10/20 4th 10/1-12/31 Due 1/20

I. Exempt Income from rooms \$ _____ (amount reported on Page 1, Line B)

Below, using one (1) line per room rented, breakdown all Exempt Income reported according to the Type of Occupant (i.e. Permanent Resident, Exempt Occupant or Tax-Exempt Organization).

Use one (1) line per room rented.

Type of Occupant (Use one line per room)	Rate for room per day	Total number of days rented	Total Dollars Exempt
ex: Permanent Resident	\$65.00/day	45	\$2,925.00
1. _____	\$ _____	_____	\$ _____
2. _____	\$ _____	_____	\$ _____
3. _____	\$ _____	_____	\$ _____
4. _____	\$ _____	_____	\$ _____
5. _____	\$ _____	_____	\$ _____
6. _____	\$ _____	_____	\$ _____
7. _____	\$ _____	_____	\$ _____
8. _____	\$ _____	_____	\$ _____
9. _____	\$ _____	_____	\$ _____
10. _____	\$ _____	_____	\$ _____

Total Exemption Amount \$ _____

II. Refunds and Other Credits \$ _____ (amount reported on Page 1, Line D)

Below, enter a description and a dollar amount for each refund or credit reported.

Description	Dollar Amount
ex: Tax overpayment on previous return	\$200.00
1. _____	\$ _____
2. _____	\$ _____

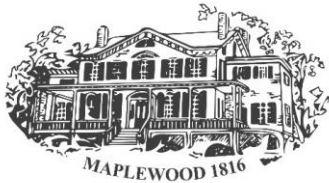
Total Refunds and Other Credits \$ _____

Certification of Taxpayer

Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete return.

Type or Print Name Signature

Title Date



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INSTRUCTIONS

1. Read through these instructions before filling in the Return of Tax on Hotel and Motel Rooms and the Exempt Income Worksheet.
2. Make sure the form is filled in completely and legibly.
3. Be sure to enter your Certificate Number (TG#) **on all documentation and payments**. This is the number issued to you by the Town and can be found on your Certificate of Authority.
4. The phone number should be the number to call if there are any questions regarding this return.
5. If you enter an amount on **Line B** (Less Exempt Income from rooms) you are claiming Exempt Income. You must complete the corresponding section on page 2 (Exempt Income Worksheet) or provide a computerized report. An explanation is required for all exempt income. If a satisfactory explanation is not provided you will be responsible to remit the tax on the amount claimed as an exemption.
6. If you enter an amount on **Line D** (Less Refunds and Other Credits) you are claiming that you overpaid your taxes in a previous quarter. You must complete the corresponding section on page 2 (Exempt Income Worksheet) or provide a computerized report. An explanation is required for all refunds and other credits. If a satisfactory explanation is not provided you will be responsible to remit the tax on the amount claimed as a refund and/or other credit.
7. If your return with your remittance for the full amount of the tax due will not be postmarked by the due date stated, you will owe the penalty. Multiply the amount on **Line F** (Tax Due) by 5% or .05. Enter the result on **Line G** (5% Penalty). If no penalty is due, enter a "0" on **Line G** (5% Penalty).
8. If you fail to file a return or pay the full amount of tax by the stated due date, interest will accrue at the rate of 1% of such tax for each month of delay, excepting the first month after such return was required to be filed or such tax became due. If interest is due, multiply the amount on **Line F** (Tax Due) by 1% or .01. Take that amount and multiply it by the number of months the return is overdue. **Exclude the month that includes the due date, for example, if the return is due on April 20th interest will begin to accrue on May 20th.** Enter the amount on **Line H** (Interest at 1% per month until paid in full). If no interest is due, enter a "0" on **Line H** (Interest at 1% per month until paid in full).
9. **Line I** (Total Due) is the total amount due and must match the amount on your check. Make the check payable to the Town of Goshen and including the Certificate Number in the memo section of the check.
10. You must sign and date the Return of Tax on Occupancy of Hotel and Motel Rooms form certifying under the penalties of perjury, that the report is, to the best of your knowledge and belief, a true and complete return.
11. If completed, you must sign and date the Exempt Income Worksheet form certifying under the penalties of perjury, that the report is, to the best of your knowledge and belief, a true and complete return.
12. Send the Return of Tax on Occupancy of Hotel and Motel Rooms, and Exempt Income Worksheet form, along with your payment to the address above. **Please call or e-mail for instructions regarding electronic payment (preferred).**