



**CITY OF PEEKSKILL  
ROOM OCCUPANCY TAX REMITTANCE FORM**

Name of Hotel/Motel: \_\_\_\_\_

Tax ID # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**\*Please note:** This form must be filed whether or not there is a tax to be remitted.

**PAYMENT SCHEDULE**

<b>Quarterly Payment</b>	<b>Due on or Before</b>
<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.	<b>TOTAL OCCUPANCY TAX DUE</b>	_____

\*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 subjected to 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 Peekskill – Finance Dept.  
840 Main Street, Peekskill, NY 10566

**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 \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_