



County of Fulton
County Treasurer's Office

E. Terry Blodgett, Treasurer
Michelle Ippoliti, Deputy Treas.
Felicia Duesler, Asst. Deputy Treas.

223 W. Main Street, Room 202
P.O. Box 128
Johnstown, NY 12095

Phone: (518) 736-5580
Fax: (518) 736-1794
Email: ftreasurer@fultoncountyny.gov

INSTRUCTIONS FOR ROOM OCCUPANCY TAX REGISTRATION FORM

1. Print or type Business Name if a Business
2. Owner's Name
3. Provide NYS Sales Tax ID Number and/or Social Security Number
4. Mailing Address where all correspondence should be sent
5. Telephone number and email where you can best be reached
6. Location of short-term rental property if different than mailing address
7. Type of Ownership of the property being registered
8. Contact information for Registrant's Owner(s)
9. Indicate if you use a Rental Agent or Third Party Remarketer (Travel Agency, Airbnb, VRBO, HomeAway, etc). If Yes, please provide the Agency's contact information such as Name, Address, phone number and listing number. (Only Airbnb will collect and remit the tax owed. No other agency remits payment to the County.) You will be responsible to submit a return each quarter, even if you only have Airbnb rentals.
10. Type of Business
11. Number of units available to rent
12. Defines the Reporting Period schedule used to submit payment. **Returns submitted prior to the end of the reporting period will not be accepted and will be returned.** Returns submitted after the 20th day following the quarterly reporting period will be subject to a 5% penalty, with an additional 1% the first of each month thereafter. If no taxes are owed, returns may be submitted by fax or email.
13. If you own any other short-term rental properties in Fulton County, please check YES
14. If you answered "Yes" on line 13, please list where the other properties are located. (A separate Occupancy Tax Registration Form will need to be completed for each property. Additional forms can be found on the County Treasurer's page of the County's website at **fultoncountyny.gov**.)

Sign and date the Registration Form certifying the statements as completed.



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Use Only:
Date Cert of

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FULTON COUNTY ROOM OCCUPANCY TAX REGISTRATION FORM

PLEASE PRINT OR TYPE

- 1. Business Name:
2. Owner Name:
3. NYS Sales Tax ID Number: Social Security Number:
4. Mailing Address:
5. Telephone #: Email:
6. Address of Business/Rental Property:
7. Type of Ownership: Individual Partnership Corporation Other
8. Registrant's Owner(s), Corporate Officers, Partners and/or Members:
9. Do You Use a Rental Agency/Third Party Remarketer (i.e., Airbnb, HomeAway, etc.) Yes No
10. Type of Establishment: Hotel Motel Bed & Breakfast Vacation Rental Cabin Private Home Camp Apartment Cottage Other:
11. Number of Units:
12. QUARTERLY REPORTING PERIODS: Jan 1 - Mar 31 Due April 1 - Apr 20
13. Do You Own any Other Short-Term Rental Property in Fulton County? Yes No
14. If Yes, Where is it Located?

Under the penalties of perjury, I hereby certify that the statements made herein have been examined by me, and are, to the best of my knowledge and belief, true, correct, and complete.

Signature Printed Name Date