

COUNTY TREASURER, HEATHER A. SCRIBNER

FULTON COUNTY, NEW YORK

INSTRUCTIONS FOR OCCUPANCY TAX REGISTRATION FORM

Occupancy Tax Form must be filed quarterly even when no tax is due and submitted to the Fulton County Treasurer's Office.

Pursuant to Chapter 489 of the Law of 2016 of the State of New York and Fulton County Local Law 1 of 2017.

Visit https://www.fultoncountyny.gov/treasurer the Fulton County Occupancy Handbook.

COMPLETE FORM

- > Year (This is the year you are registering)
- Parcel ID (AKA SBL #)
- Business / Individual Name
- Parcel Owner Name
- NYS Sales Tax ID Number and/or Social Security Number
- Mailing Address (Where all correspondence should be sent)
- Telephone Number (Where the owner/responsible party can be reached)
- > Email Address (Where the owner/responsible party can be reached)
- Type of Ownership
- Other Owner(s)
- Quarterly Return Deadlines: Due each quarter even if there is zero amount due
- Do you Use a Rental Agency/Third Party include listing #
- > Type of Establishment
- Do you own any other short-term rentals
- If yes, provide location
- Sign and date

ABOUT

Taxable income charged is charged for each room rental. If you are renting and using AIRBNB **DO NOT** include income as you are already being tax through that agency. Any Non-Taxable income (exempted) charged from room rentals only include Taxable Room Rentals. Room Occupancy Tax Owed: 4% of Net Taxable Room Rentals. If applicable, include late charge penalty of 5% for the first month of non-paid occupancy tax. (5% of the amount reported). If applicable, include additional interest of 1% to for the second month not filed and thereafter. (i.e. if a tax is due by 4/20 but is made after 5/20) **Interest will continue to accumulate for each month the payment is late until it is paid**. When filing Occupancy return you will receive an Operator Collection Credit 5% for each quarter, but no greater than \$200 shall be credited.

Once complete, file and return form to the Fulton County Treasurer. Email or mail form to 223 West Main St. Room 22 P.O. Box 128, Johnstown NY 12095 or fctreasurer@fultoncountyny.gov. Contact the Treasurer's Office for questions 518.736 5580.

Year

Parcel ID / SBL #

OFFICE OF TREASURER

HEATHER A. SCRIBNERFULTON COUNTY, NEW YORK

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Certificate of Authority ID #

OCCUPANCY TAX REGISTRATION FORM

| Business / Individual Name | Parcel Owner Name | |
|---|--|-----------------------------|
| NYS Sales Tax ID/Social Security Number_ | | |
| Mailing Address | | |
| | | |
| Phone Number | Email Address | |
| Type of Ownership: Individual Partne | ership Corporation Other | |
| Other Owner(s), Corporate Officers, Partner | rs and/or Members include Name, Address, ⁷ | Felephone # and Title |
| 1.) | | |
| 2.) | | |
| 3.) | | |
| Do you use a rental agency/third party mark If Yes, list name and address and include lis | • | □ No |
| Do you own any other short-term rental pro | perty in Fulton County? | |
| Note: A separate Occupancy Tax Registra | ation Form is required for each property. | |
| If Yes, Include Location(s), and COA ID #(s) |): | |
| Once complete a Certificate of Authority to colle This must be displayed, by law, at the renta | ect Occupancy Tax will be issued by the County | y Treasurer. |
| | even when no tax is due and submitted to the 2016 of the State of New York and Fulton Coun | |
| Visit https://www.fultoncountyny.gov/fulton-cou | nty-treasurer for the Fulton County Occupancy | Handbook. |
| Under the penalties of perjury, I hereby cert to the best of my knowledge and belief, true | ify that the statements made herein have be e, correct, and complete. | en examined by me, and are, |
| Signature | | Date |

Return this form to the Fulton County Treasurer. Mail form to 223 West Main St. Room 202, P.O. Box 128, Johnstown NY 12095 or email fctreasurer@fultoncountyny.gov/treasurer. Contact the Treasurer's office for questions at 518.736 5580.