

**RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS**

Oneida Indian Nation

Department of Taxation



Facility Name	Certificate of Authority No.
Address	
Month Ended:     /     /	

Final Return

**Type of Establishment**

Hotel                     
 Motel                     
 Other (describe) \_\_\_\_\_

**Computation of Occupancy Tax**

- |  |               |
|--|---------------|
| 1. Gross Income from Occupancy of Rooms  | \$ _____ (1)  |
| 2. Less: Exempt Income   |               |
| a. From occupants of exempt organizations:   | \$ _____ (2a) |
| b. From occupants of 30 (or greater) consecutive days:                                       | \$ _____ (2b) |
| 3. Net Taxable Income (Line 1 minus lines 2a and 2b)   | \$ _____ (3)  |
| 4. Tax Due (2% of Line 3 in Oneida County or 4% of Line 3 in Madison County)                 | \$ _____ (4)  |
| 5. Penalty and Interest (5% for late returns & 1% per month after the 1 <sup>st</sup> month) | \$ _____ (5)  |
| 6. Less: Credits   | \$ _____ (6)  |
| 7. TOTAL DUE   | \$ _____ (7)  |

This form must be signed and returned with your remittance, for the amount of the tax calculated, within twenty (20) calendar days following the month stated above in order to avoid penalty and/or interest.

Make remittance payable to:  
**Oneida Indian Nation**

Mail to: Oneida Nation Department of Taxation  
2037 Dreamcatcher Plaza  
Oneida, NY 13421

I hereby certify that the information contained in this return, including any attachments, is true and complete.

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Taxpayer Representative     Date