



City of Niagara Falls, New York

745 Main Street, PO Box 69, Niagara Falls, NY 14302-0069

OCCUPANCY TAX DIVISION, ROOM 228

Account # _____
 Name _____
 Address _____

PROPERTY SOLD NO _____ YES _____ IF YES PROVIDE DETAIL

ACCOUNTANT, if any _____
 (Name and address) _____

**THIS RETURN MUST BE FILED WITH YOUR REMITTANCE IN FULL WITHIN 20 DAYS
 AFTER QUARTER END TO AVOID THE IMPOSITION OF PENALTIES
 PENALTY IS 5% OF THE TAX DUE FOR THE 1ST MONTH AND INTEREST IS AN
 ADDITIONAL 1% EACH MONTH THEREAFTER**

COMPUTATION OF TAX

QUARTER ENDING DATE _____

	1 st MONTH OF QTR	2 nd MONTH OF QTR	3 rd MONTH OF QTR	TOTAL
GROSS RECEIPTS				
CREDIT FOR PERM/EXEMPT**				
NET RECEIPTS				
TAX RATE	6%	6%	6%	
TAX DUE				
	PENALTY & INTEREST DUE			
	TOTAL DUE			

MAKE CHECK PAYABLE TO CITY CONTROLLER

****PLEASE ATTACH LIST OF PERMANENT/EXEMPT OCCUPANTS**

<p>CERTIFICATION OF TAXPAYER I certify that this return, including accompanying schedules, has been examined by me and is to the best of my knowledge and belief a true and accurate return made in good faith for the period stated pursuant to the City of Niagara Falls, New York Occupancy Tax Law.</p> <p>_____ Signature and Title</p> <p>Date _____</p>	<p>PLEASE MAIL COMPLETED RETURN AND PAYMENT TO:</p> <p style="text-align: center;">CITY CONTROLLER ROOM 228 – AUDITING DIVISION P.O. BOX 69 NIAGARA FALLS, NY 14302-0069</p> <p style="text-align: center;">CASH PAYMENTS ARE NO LONGER ACCEPTED</p>
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