



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 _____

GROSS RECEIPTS
CREDIT FOR PERM/EXEMPT**
NET RECEIPTS
TAX RATE
TAX DUE

1 st MONTH OF QTR	2 nd MONTH OF QTR	3 rd MONTH OF QTR	TOTAL
	5%	5%	5%
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>CITY CONTROLLER ROOM 228 – AUDITING DIVISION P.O. BOX 69 NIAGARA FALLS, NY 14302-0069</p> <p>CASH PAYMENTS MAY BE MADE AT THE CITY CONTROLLER'S OFFICE (ROOM 228) DAILY BEFORE 4 P.M.</p>
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