

## OFFICE OF THE ESSEX COUNTY TREASURER

Michael G. Diskin, Treasurer  
Lisa Decker, Deputy – Taxes  
Jane Haskins, Deputy – Finance

Essex County Government Center  
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### INSTRUCTIONS FOR ROOM OCCUPANCY TAX REGISTRATION FORM

1. Print or Type Business Name if a Business
2. Owner Name if a Private Owner
3. Mailing Address where all correspondence should be sent
4. Telephone number and email where you can best be reached
5. Location of property if different than mailing address
6. Name of a Contact Person
7. Title and Telephone Number of Contact Person (Owner, Manager, Etc.)
8. Choose Yes or No if you use a Rental Agent. If Yes, please provide the Agency's name and address.
9. Type of Ownership of the property being registered
10. Type of Business
11. Reporting Period you will be using to submit payments to Essex County. If you are registered with the New York State Department of Taxation and Finance, then you should choose the same reporting period that you use to report Sales and Use Taxes to New York State. If you are not registered, then you should report any amounts owed to Essex County on a Quarterly basis, using the same Quarterly periods as Sales Tax, which is 12/1 to 2/28, 3/1 to 5/31, 6/1 to 8/31, and 9/1 to 11/30. DO NOT USE CALENDAR QUARTERS.
12. Number of units available to rent
13. If you own any other rental properties in Essex County, please check YES
14. Please list where the other properties are located, if more than one rental property. You will need to complete a separate Registration Form for each such rental property you own.



Essex County Treasurer  
P. O. Box 217 7551 Court Street  
Elizabethtown, NY 12932  
Tel. 518-873-3310 Fax 518-873-3318  
Website: www.co.essex.ny.us

## ESSEX COUNTY ROOM OCCUPANCY TAX REGISTRATION FORM

PLEASE PRINT OR TYPE

1. Business Name: \_\_\_\_\_  
**OR**
2. Owner Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Telephone # \_\_\_\_\_ Email : \_\_\_\_\_
5. Location of Business / Rental Property: \_\_\_\_\_
6. Main Contact Person: \_\_\_\_\_
7. Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_
8. Do You Use a Rental Agency? ☐ Yes ☐ No  
If Yes: Name of Rental Agency: \_\_\_\_\_  
Address of Rental Agency: \_\_\_\_\_  
Will Rental Agency Be Submitting Your Room Occupancy Tax? ☐ Yes ☐ No
9. Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation
10. Type of Establishment: ☐ Hotel ☐ Motel ☐ Bed & Breakfast ☐ Condominium ☐ Vacation Rental  
☐ Cabin ☐ Cottage ☐ Apartment ☐ Private Home ☐ Campground ☐ Other \_\_\_\_\_  
(Specify)
11. REPORTING PERIOD  
☐ Annual (3/1 – 2/28) ☐ Quarterly (12/1 – 2/28) (3/1 – 5/31) (6/1 – 8/31) (9/1 – 11/30) ☐ Monthly
12. Number of Rooms / Units: \_\_\_\_\_
13. Do You Own Any Other Rental Property In Essex 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.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Signature of Property Owner)