



Office of County Treasurer of Schoharie County

P.O. Box 9, 284 Main Street, Schoharie, NY 12157

Tel: (518) 295-8386 Fax: (518) 295-8364

Schoharie County Occupancy Tax Registration Form

Facility Name: _____

Facility Physical Address: _____

Type of Facility: _____

(Hotel, Inn/Bed & Breakfast, Camper, Tent, House, etc. *see Local Law 1-2023 for complete list)

Contact Person: _____

Contact Person Mailing Address: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

All Occupancy Tax Return are filed Quarterly:

December 1 – February 28

Due March 20

March 1 – May 31

Due June 20

June 1 – August 31

Due September 20

September 1 – November 30

Due December 20

A Return MUST be submitted even if nothing is due

Do you operate any other lodging establishments in Schoharie County? _____

If yes, please provide Certificate Number and Facility Name for each facility: _____

UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE EXAMINED THIS DOCUMENT AND THE INFORMATION CONTAINED HEREIN, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE SAME ARE TRUE, CORRECT AND COMPLETE.

Signature: _____

Printed Name and Title _____ Date _____