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County of Franklin  
OFFICE OF THE COUNTY TREASURER  
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[www.franklincony.org](http://www.franklincony.org)

I.D. No. FCO: \_\_\_\_\_  
(TO BE ASSIGNED BY COUNTY)

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO COLLECT OCCUPANCY TAX FOR FRANKLIN COUNTY**  
ALL QUESTIONS MUST BE ANSWERED (Please type or print)

Federal ID or Social Security # \_\_\_\_\_

1. Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_ Operator's Name: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Hotel Name (if different than above): \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Hotel Address (if different than above): \_\_\_\_\_

6. List below name and home address of ALL individuals, partners, or principal officers (if corporation)

NAME	HOME ADDRESS	TITLE	PHONE NO.

7. Number of Rooms: \_\_\_\_\_ 8. Date business started in Franklin County: \_\_\_\_\_

9. If acquired from former owner, date business purchased: \_\_\_\_\_

Name of former owner: \_\_\_\_\_

10. Type of Establishment:  Hotel  Motel  Bed & Breakfast  Other \_\_\_\_\_

11. Type of Ownership:  Individual  Partnership  Corporation  Other \_\_\_\_\_

12. Type of Business:  Year-Round  Seasonal (operates 6 months or less per year)

13. Do you operate any other establishments:  yes  no

If yes, list names and locations: \_\_\_\_\_

**I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and complete.**

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PENALTIES:** Any owner who willfully fails to file a registration form shall be liable to the penalties provided by law.



**RETURN OF TAX ON OCCUPANCY FOR FRANKLIN COUNTY**  
(Pursuant to Local Law #3-2015 of the County of Franklin, New York)

PLEASE PRINT OR TYPE:

Certificate # FCOT - \_\_\_\_\_ Phone: \_\_\_\_\_ TIN# (nine digit number) \_\_\_\_\_

Business/Owner Name: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ New York \_\_\_\_\_

Tax Quarter:  9/1-11/30 - Due 12/20       12/1-2/29 - Due 3/20       3/1-5/31 - Due 6/20       6/1-8/30 - Due 9/20  
 Final Return: business has been sold or permanently closed.

Number of Rooms: \_\_\_\_\_ If seasonal (indicate months of operation) \_\_\_\_\_

Type of Establishment       Hotel       Motel       B&B      Other: \_\_\_\_\_

Computation of tax:

- A. Gross Income from rooms \$ \_\_\_\_\_
- B. Less Exempt Income from rooms (use form FCOT-3) (\$ \_\_\_\_\_)
- C. Net Income from rooms (Line A minus Line B) \$ \_\_\_\_\_
- D. Less: Refunds and other Credits (use form FCOT-3) (\$ \_\_\_\_\_)
- E. Net Income from rooms (Line C minus Line D) \$ \_\_\_\_\_
- F. Tax Due (Line E multiplied by 5%) \$ \_\_\_\_\_
- G. 5% penalty if paid after the 20th (line F multiplied by 5%) \$ \_\_\_\_\_
- H. Interest at 1% per month until payment is received \$ \_\_\_\_\_  
(Line F multiplied by 1% per month on the unpaid balance beginning with the month following the date of the return)
- I. **Total Due** (lines F through H) \$ \_\_\_\_\_\*

***\*THIS RETURN MUST BE FILED WHETHER OR NOT THERE IS A TAX TO BE REMITTED.***

This form must be returned (postmarked) with your remittance for the full amount of the tax due within 20 days after the last day of the tax quarter to avoid the imposition of a penalty and interest.

**Make remittance payable to:** Frances Perry, Franklin County Treasurer, include *Certificate Number* on check.

**Mail to:** Franklin County Treasurer, 355 West Main Street, Suite 140, Malone, NY 12953.

Certificate of Taxpayer

Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete form.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title:

# RETURN OF TAX ON OCCUPANCY FOR FRANKLIN COUNTY

(Pursuant to Local Law #3-2015 the County of Franklin, New York)

Certificate # FCOT: \_\_\_\_\_ Name of Establishment: \_\_\_\_\_

Tax Quarter:  9/1-11/30-Due 12/20  12/1-2/29-Due 3/20  3/1-5/31-Due 6/20  6/1-8/30-Due 9/20

**I. Exempt Income from rooms** \$ \_\_\_\_\_ (Amount reported on FCOT-2, Line B)

Below, breakdown all Exempt Income reported according to the type of Occupant (i.e. Permanent Resident, Exempt Occupant or Tax Exempt Organization.)

*Example: A Permanent Resident rented 7 room(s) at \$100.00/day for 35 days; total exempt equals \$24,500.00.*

<u>Type of Occupant</u>	<u>No. of Rooms</u>	<u>Rate/Room/day</u>	<u>Total No. of Days</u>	<u>Total Dollars Exempt</u>
<i>Ex: Permanent resident</i>	7	\$ 100.00	35	\$ 24,500.00
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$
6.		\$		\$
7.		\$		\$
8.		\$		\$
9.		\$		\$
10.		\$		\$
<b>Total Exempt Income from rooms</b>				<b>\$</b>

**II. Refunds and Other Credits** \$ \_\_\_\_\_ (Amount reported on FCOT-2, Line D)

*Below, enter a description and a dollar amount for each refund or credit reported:*

<u>Description</u>	<u>Dollar Amount</u>
<i>Ex: Over paid on last return</i>	\$ 300.00
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>Total Refunds and Other Credits</b>	<b>\$</b>

Certificate of Taxpayer

Under the penalties of perjury, I hereby certify that this report is, to the best of my knowledge and belief, a true and complete return.

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

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

Title: \_\_\_\_\_