



TOWN OF CHEEKTOWAGA, NEW YORK

RETURN OF TAX ON  
OCCUPANCY OF ROOMS  
2026

(Pursuant to Town Code, Section 220-48, C, 1-4)

For the Period (check one): Jan-Mar [ ] Apr-Jun [ ] Jul-Sept [ ] Oct-Dec [ ]

Hotel / Property Name \_\_\_\_\_ TAX ID No. \_\_\_\_\_

Owner: \_\_\_\_\_

Type of Establishment (Check One):

Attn: \_\_\_\_\_

Hotel [ ]

Address: \_\_\_\_\_

Motel [ ]

City: \_\_\_\_\_

Short-Term Rental [ ]

State: \_\_\_\_\_

Booking Service [ ]  
Other

Zip Code: \_\_\_\_\_

(Describe) [ ] \_\_\_\_\_

Business Activity:

Number of Rooms: \_\_\_\_\_

If final Return, please explain \_\_\_\_\_

Computation of Tax:

1	Gross Room Rentals	\$ _____
2	Less: Exempt Sales (Must have exemption Certificate)	\$ _____
3	Less: Rental Stays of 30 consecutive days or more	\$ _____
4	<b>Net Taxable</b>	\$ _____
5	Tax Due (3%)	\$ _____
6	Penalties (5%) ***	\$ _____
7	<b>Total Due</b>	\$ _____

\*\*\* Any tax due shall be subject to a penalty of 5% of the amount of tax due per month, compounded monthly on the 11th day of each month, or any fraction of a month to a maximum of a 25% for taxes owed for each twelve-month period. Upon application, the Town Board may waive by resolution any penalties if the Town Board decides a penalty waiver is authorized by compelling, extenuating circumstances.

Please Remit Payments to: Office of the Comptroller  
Town of Cheektowaga  
3301 Broadway Street  
Room #105  
Cheektowaga, NY 14227

Questions? Phone (716) 686-3928  
Email [Ddombrowski@tocny.org](mailto:Ddombrowski@tocny.org)