

CITY OF ELIZABETH

HOTEL TOURISM TAX RETURN



Return for the Quarter of _____

This return is due on the 1st day of the second month following the quarter for which tax is due.

NJ Taxpayer Identification Number					FOR CITY USE ONLY		
Taxpayer Name							
Trade Name							
Street Address							
City State Zip Code							
Block		Lot		Suffix		Qual	
1. Quarterly Gross Receipts					1.		
2. Penalty and Interest					2.		
3. Quarterly Hotel Tourism Tax Due <u>% X Line 1 + Line 2</u>					3.		
<p>I verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.</p>							
Signature			Title			Date	
Email Address					Phone/Fax		

Quarterly City of Elizabeth Hotel Tourism Tax Bills are **Due** as follows:

Period Covered:

July 1 to September 30
 October 1 to December 31
 January 1 to March 31
 April 1 to June 30

Tax Return and Payment Due Date:

November 1
 February 1
 May 1
 August 1

- **Enclose a copy of your New Jersey Sales Tax Return(s)** that corresponds to the same period as your City of Elizabeth Hotel Tourism Tax payment.
- Inquiries can be made by telephone: (908)820-4117, fax: (908)820-4232 or email PLesniak@ElizabethNJ.org
- Please make check or money order payable to: **City of Elizabeth**
- Mail Return with payment to:

Tax Collector's Office
 Hotel Tourism Tax
 50 Winfield Scott Plaza
 Elizabeth, NJ 07201