

TOWN OF DELTON
P. O. BOX 148
LAKE DELTON, WI 53940
(608)253-4621 (Monday, Wednesday and Friday 1-4 P.M.)

Reporting form to be submitted quarterly

First Quarter Ending: March 31, 20____
SUBMIT WITH PAYMENT BY APRIL 30, 20____

Room Tax Permit Number: _____

Name of Business: PLEASE PRINT

Owner or Manager and phone number: PLEASE PRINT

Email:

Street and Mailing Address:

Gross Earnings: \$ _____

Deductions Allowed:

State Exempt Organizations- - - - - \$ _____

Itemization required

Tax Included in Gross Receipts - - - - - \$ _____

Net Taxable Earnings - - - - - \$ _____

5 1/2 % Room Tax Payable to Town of Delton- \$ _____

Dated: _____ Signed: _____

Please return a copy with your remittance by the last day of the month next succeeding the calendar quarter for which imposed and retain a copy for your records. (1st Quarter by April 30th, 2nd Quarter by July 31st, 3rd Quarter by October 31st and 4th Quarter by January 31st). A \$25.00 LATE FILING FEE, 1% INTEREST PER MONTH AND 25% NON-PAYMENT FEE WILL BE IMPOSED FOR ALL REPORTS RECEIVED AFTER THE DUE DATE.

**TOWN OF DELTON
P. O. BOX 148
LAKE DELTON, WI 53940
(608)253-4621 (Monday, Wednesday and Friday 1-4 P.M.)**

Reporting form to be submitted quarterly

Second Quarter Ending: June 30, 20____
SUBMIT WITH PAYMENT BY JULY 31, 20____

Room Tax Permit Number: _____

Name of Business: PLEASE PRINT

Owner or Manager and phone number: PLEASE PRINT

Email: _____
Street and Mailing Address: _____

Gross Earnings: \$ _____

Deductions Allowed:

State Exempt Organizations- - - - - \$ _____

Itemization required

Tax Included in Gross Receipts - - - - - \$ _____

Net Taxable Earnings - - - - - \$ _____

5 1/2 % Room Tax Payable to Town of Delton- \$ _____

Dated: _____ Signed: _____

Please return a copy with your remittance by the last day of the month next succeeding the calendar quarter for which imposed and retain a copy for your records. (1st Quarter by April 30th, 2nd Quarter by July 31st, 3rd Quarter by October 31st and 4th Quarter by January 31st). A \$25.00 LATE FILING FEE, 1% INTEREST PER MONTH AND 25% NON-PAYMENT FEE WILL BE IMPOSED FOR ALL REPORTS RECEIVED AFTER THE DUE DATE.

TOWN OF DELTON
P. O. BOX 148
LAKE DELTON, WI 53940
(608)253-4621 (Monday, Wednesday and Friday 1-4 P.M.)

Reporting form to be submitted quarterly

Third Quarter Ending: September 30, 20____
SUBMIT WITH PAYMENT BY OCTOBER 31, 20____

Room Tax Permit Number: _____

Name of Business: PLEASE PRINT

Owner or Manager and phone number: PLEASE PRINT

Email: _____

Street and Mailing Address:

Gross Earnings: \$ _____

Deductions Allowed:

State Exempt Organizations- - - - - \$ _____

Itemization required

Tax Included in Gross Receipts - - - - - \$ _____

Net Taxable Earnings - - - - - \$ _____

5 1/2 % Room Tax Payable to Town of Delton- \$ _____

Dated: _____ Signed: _____

Please return a copy with your remittance by the last day of the month next succeeding the calendar quarter for which imposed and retain a copy for your records. (1st Quarter by April 30th, 2nd Quarter by July 31st, 3rd Quarter by October 31st and 4th Quarter by January 31st). A \$25.00 LATE FILING FEE, 1% INTEREST PER MONTH AND 25% NON-PAYMENT FEE WILL BE IMPOSED FOR ALL REPORTS RECEIVED AFTER THE DUE DATE.

TOWN OF DELTON
P. O. BOX 148
LAKE DELTON, WI 53940
(608)253-4621 (Monday, Wednesday and Friday 1-4 P.M.)

Reporting form to be submitted quarterly

Fourth Quarter Ending: December 31, 20____
SUBMIT WITH PAYMENT BY JANUARY 31, 20____ WITH YEAR END
REPORT

Room Tax Permit Number: _____

Name of Business: PLEASE PRINT

Owner or Manager and phone number: PLEASE PRINT

_____ Email:

Street and Mailing Address:

Gross Earnings: \$ _____

Deductions Allowed:

State Exempt Organizations- - - - - \$ _____

Itemization required

Tax Included in Gross Receipts - - - - - \$ _____

Net Taxable Earnings - - - - - \$ _____

5 1/2 % Room Tax Payable to Town of Delton- \$ _____

Dated: _____ Signed: _____

Please return a copy with your remittance by the last day of the month next succeeding the calendar quarter for which imposed and retain a copy for your records. (1st Quarter by April 30th, 2nd Quarter by July 31st, 3rd Quarter by October 31st and 4th Quarter by January 31st). A \$25.00 LATE FILING FEE, 1% INTEREST PER MONTH AND 25% NON-PAYMENT FEE WILL BE IMPOSED FOR ALL REPORTS RECEIVED AFTER THE DUE DATE.

TOWN OF DELTON
P.O. BOX 148
LAKE DELTON, WI 53940
(608) 253-4621
Monday, Wednesday and Friday 1-4 P.M.

20____
ANNUAL RECONCILIATION OF 5 ½% ROOM TAX REPORTED TO THE
TOWN OF DELTON

1st Qtr. Pmt. _____ 3rd Qtr. Pmt. _____

2nd Qtr. Pmt. _____ 4th Qtr. Pmt. _____

Adjustments _____

Total Tax for the year 20____------\$ _____

Dated: _____

Signed: _____

Name of Business:

PLEASE RETURN THIS FORM WITH YOUR 4TH QUARTER ROOM TAX REPORT
BY JANUARY 31, THE FOLLOWING YEAR AND RETAIN A COPY FOR YOUR
RECORDS