City of Wisconsin Dells Marketplace Provider - Room Tax Register

Marketplace Provider: For the Month:			<u>-</u>	
Lodging Facility Name	Gross Sales	Exempt Sales	Total Receipts	5.5% Room Tax
			10000000	

Transfer to Room Tax Report

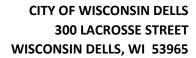
TOTAL

Line 1.

Line 2.

Line 3.

Line 4.





MONTHLY ROOM TAX REPORT

		REPORTING MONTH:	YEAR:			
A.	<u>Identification</u>					
		Name of Marketplace Provider:				
		Reporting on Behalf of :	Attach Marketplace Provider - Room Tax Register			
		Contact Name:				
		Contact Address: Contact Phone Number:				
В.	Roon	n Tax Computation				
	1.	Total Gross Receipts From Sale of L	odging: (Attach Room Tax Register)			
	2.	Less: Total Exempt Lodging Sales –	Federal/State for all Locations:			
	3.	Total Taxable Lodging Sales [line 1	minus line 2]:			
	4.	5.5% Room Tax Payable to City of Wisconsin Dells [line 3 x 5.5%]:				
	5.	Penalty – Interest: 1% per month				
	6.	Late Filing Fee: \$50 fee after due do	ate			
	7.	Total Due and Payable to City [line	4 - line 6]:			
C.	<u>Verif</u>	<u>ication</u>				
	Name	e of Person Completing This Report:				
		Signature of Person Filing Report:				
		Date:				
		Telephone #:				
		EMAIL:				

Please submit one signed copy of this report together with your Marketplace Provider - Room Tax Register and remittance payable to the **City of Wisconsin Dells** by the 20th day of the following month for which tax was collected.

Post office postmark will be accepted.

A \$50 LATE FILING FEE AND 1% INTEREST PER MONTH WILL BE IMPOSED FOR ALL REPORTS AND

TAXES RECEIVED AFTER THE DUE DATE.