City of SHULLSBURG wisconsin

Quarterly Room Tax Return

YEAR: 20____

Check which quarter of the year this is for:
1st_____ (ends 3/31) 2nd_____ (ends 6/30) 3rd_____ (ends 9/30) 4th_____ (12/31)

PAYMENT IS DUE 30 DAYS FOLLOWING THE END OF THE QUARTER BEING REPORTED.
Unpaid taxes bear interest at 1% per month or portion of a month after due date until paid.

(PLEASE TYPE OR PRINT)
Property Owner: _____

Rental Address: _____

Company name: _____

Mailing address: _____

Phone and E-mail: _____ _____

(Notify the City Clerk-Treasurer at the address listed below for changes in corporate name or address.)

Complete all sections – attach a copy of your State Sales Tax Report

1. Gross Room Receipts $_____ (From line 1 of sales tax report)
2. Deduct Exemptions $_____ (attach supporting documents)
3. Taxable Room Receipts $_____
4. Total Tax Due to City: (6% of line 3) $_____

Submitted by: _____
(Please type or print)

Signature: _____

Submit your remittance and this form to:
City of Shullsburg
Attn: Clerk-Treasurer
190 N. Judgement Street, Shullsburg, WI 53586

This report is confidential except as provided under s. 2.131(11) of the City of Shullsburg Municipal Code.