



Town of Monroe

981 County Rd Z
Arkdale, WI 54613
Phone: 608-564-7271
Fax: 608-564-2283



Room Tax REMITTANCE FORM

TownofMonroeClerk@gmail.com

www.TownOfMonroeAdamsCoWI.com

DATE: _____

Business Contact Info

Name of Business _____

Town of Monroe

RoomTaxPermit # _____

Loc # Location Name: _____

Phone # _____

Location address: _____

Mailing address: _____

Email Address: _____

QUARTER Ending:

3/31

6/30

9/30

12/31

Check Box:

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1. Gross Receipts

\$

2. Non-Transient room Receipts

\$

3. Non-Taxable room Receipts *

\$

4. Taxable room Receipts

Line 1 - Line 2 - Line 3

\$

5. GROSS TAX:

5% of Line 4

\$

6. Delinquent filing fees/penalties

\$

TOTAL ROOM TAX DUE for Quarter:

Line 5 + Line 6

* **NOTE:** Non-Taxable Room receipts are for government, schools, religious and other non-taxable entities. (See Wis. §66.0615 (2M) §77.54 (9a))

HANDLING OF FORMS AND PAYMENTS

1. **Payment DUE:** On the last day of the month *following* the quarter being reported. See Room Tax Ordinance on website for "Monroe Ordinance Number 2021-1" for late Penalties and Interest percentages

2. **MAIL:** Print & mail completed Remittance Form & Payment to: Town of Monroe, Treasurer at below address

3. **WEBSITE:** Submission of this Form & Payment can all be done electronically if desired from site

4. **CREDIT/DEBIT CARD:** Go to Allpaid.com, use Code "a0055w" or use the link on our website

5. **NOTIFY TREASURER:** Email (see below) any changes in Business name, address or the addition of any location

Submitted by (Print): _____ Signature _____