

# CITY OF TOMAHAWK

CITY OF TOMAHAWK HOTEL-MOTEL ROOM TAX RETURN	Complete All Sections (please print)														
<p>Hotel-Motel Room Tax is due and payable on or before the last day of the month succeeding the calander quarter for which imposed. Make payment to the City of Tomahawk and mail along with this form to: City of Tomahawk, PO Box 469, Tomahawk, WI 54487.</p> <p>Tax Report for Quarter Ending: _____ (MM / DD / YYYY)</p> <p>Ending Quarter for Year: _____ (YYYY)</p> <p>CORPORATE NAME: _____</p> <p>HOTEL / MOTEL NAME: _____</p> <p>ADDRESS OF FACILITY: _____</p> <p>NAME OF CONTACT: _____</p> <p>TELEPHONE NUMBER: _____</p> <p>SIGNATURE: _____ Date: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1 Gross Room Receipts</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>2 Deduct Non-Transient Room Receipts</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>3 Other Deductions</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>4 Taxable Room Receipts</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>5 Gross Tax: <u>4%</u> of Line 4</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>6 Delinquent Filing Fee \$10.00 plus 1% per month</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr style="background-color: #ffffcc;"> <td><b>7 TOTAL TAX DUE</b> (Line 5 plus Line 6)</td> <td style="text-align: right; border-bottom: 1px solid black;"><b>\$ _____</b></td> </tr> </table> <p>NOTE: Unpaid Taxes bear Interest at 1% per month from Due Date, until the 1st day of the Month following the Month of Payment. Delinquent tax return s shall be subject to a \$10.00 late filing fee.</p> <p style="text-align: center;">Retain a copy for your records.</p>	1 Gross Room Receipts	\$ _____	2 Deduct Non-Transient Room Receipts	\$ _____	3 Other Deductions	\$ _____	4 Taxable Room Receipts	\$ _____	5 Gross Tax: <u>4%</u> of Line 4	\$ _____	6 Delinquent Filing Fee \$10.00 plus 1% per month	\$ _____	<b>7 TOTAL TAX DUE</b> (Line 5 plus Line 6)	<b>\$ _____</b>
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<p>For Office Use:</p> <p>_____ Date Rec'd</p> <p>_____ Receipt #</p>
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