



CITY OF WISCONSIN DELLS
300 LACROSSE STREET
WISCONSIN DELLS, WI 53965

MONTHLY ROOM TAX REPORT

REPORTING MONTH: _____ YEAR: _____

A. Identification

Name of Marketplace Provider: _____
Reporting on Behalf of : _____ Attach Marketplace Provider - Room Tax Register
Contact Name: _____
Contact Address: _____
Contact Phone Number: _____

B. Room Tax Computation

1. Total Gross Receipts From Sale of Lodging: (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 date* _____
7. Total Due and Payable to City [line 4 - line 6]:

C. Verification

Name 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.