



MONTHLY ROOM TAX REPORT

REPORTING MONTH: _____ YEAR: _____

A. Identification

Room Tax Permit Number: _____
Name of Lodging Property: _____
Owner or Manager: _____
Lodging Physical Address: _____
Mailing Address: _____

B. Room Tax Computation

1. Gross Receipts From Sale of Lodging: _____
2. Less: Actual Cost of Non-Lodging Portion of Packages _____
3. Less: Marketplace Providers (Attached Settlement Report from Provider)
 - Provider Name: Expedia Group _____
 - Provider Name: AIRBNB _____
 - Provider Name: HomeAway _____
 - Provider Name: List Other: _____
4. Exempt Lodging Sales – Federal/State: _____
5. Total of Lines 2-4: _____
6. Total Taxable Lodging Sales [line 1 minus line 5]: _____
7. 5.5% Room Tax Payable to City of Wisconsin Dells [line 5 x 5.5%]: _____
8. Penalty – Interest: *1% per month* _____
9. Late Filing Fee: *\$50 fee after due date* _____
10. Total Due and Payable to City:

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11. Total Due From Marketplace Providers _____

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 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.