WISCONSIN DELLS ROOM TAX ANNUAL RETURN

PERMIT NO. _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

	TAXABLE RECEIPTS	**5.5% TAX**
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
TOTAL	_____	_____

Signed: _____ Date: _____

Mail this annual return to the City Treasurer on or before the 20th day after the close of the calendar year.

City of Wisconsin Dells
Attn: City Treasurer
300 La Crosse Street
Wisconsin Dells, WI 53965