

**City of Neillsville
Quarterly Room Tax Return**

Year: _____

Quarter: _____

Name of Establishment: _____ Telephone Number: _____

Address of Establishment: _____ Fax Number: _____

Mailing Address: _____ E-mail Address: _____

Owner's Name: _____ Telephone Number: _____

Mailing Address: _____

1.	Gross Receipts	\$	_____
2.	Less: Non-Transient Receipts	-	_____
3.	Less: Tax Exempt Transient Room Receipts	-	_____
4.	Net Transient Room Receipts (Line 1 - Lines 2 & 3)	\$	=====
5.	Gross Room Tax (6% of Line 4)	\$	_____
6.	Administrative Fee Retained by Establishment (5% of Line 5)	-	_____
7.	Net Room Tax Due City of Neillsville (Line 5 - Line 6)	\$	_____
8.	Plus or Minus Any Corrections From Previous Quarterly Reports	±	_____
9.	Interest on Late Payment of Taxes (Line 7 X 1% per month)	+	_____
10.	Late Filing Fee (\$10.00), Negligence Penalty (\$25.00)	+	_____
11.	Total Amount Due (Line 7 + Lines 8, 9 & 10)	\$	=====

Please make checks payable to the City of Neillsville. All returns are due no later than the last day of the month next succeeding the calendar quarter - April 30th, July 31st, October 31st, January 31st. Include a copy of your State of Wisconsin Tax Return for the corresponding quarter per City Ordinance Section 55-11 D.(1). The information included above is true and correct to the best of my knowledge.

Print or Type Name of Individual Completing Return

Title of Individual Completing Return

Signature of Individual Completing Return

Date Completed

Mail To: City of Neillsville
106 W. Division Street
Neillsville, WI 54456
715-743-2105

For Office Use: Date Received _____
Amount Received _____
Receipt Number _____