******* CITY OF MARSHFIELD *******

HOTEL/MOTEL ROOM TAX ORDINANCE REPORTING FORM (Rev 1/2020)

Year _____ Quarter: 1st ____ 2nd ____ 3rd ____ 4th ____ Annual ____

HOTEL/MOTEL NAME: _____
Address: _____
_____

FIRM (if different from hotel/motel name): _____
Address: _____
_____

Signed: _____

Due last day of month following quarter being reported. UNPAID TAXES bear interest at the rate of 12% per annum (1% per month) from the due date until 1st day of month following month of payment.

Please remit form and payment to:

City of Marshfield
Finance Department
207 W. 6th Street
Marshfield, WI 54449

******* PLEASE COMPLETE ALL SECTIONS BELOW *******

Total number of rooms rented during the period (room-nights):	
1. Gross room receipts (including sales tax and room tax collected)	
2. Deduct non-transient room receipts	
3. Deduct non-taxable room receipts	
4. Deduct sales tax collected	
5. Deduct room tax collected	
6. Taxable room receipts (line 1 minus lines 2, 3, 4, and 5)	
7. Gross tax: 8% of line 6	
8. Deduct: 2% of Line 7 - collection fee	
9. Interest (if applicable) - 1% per month	
10. Late filing fee (if applicable) - $25.00	
11. Non-filing fee (if applicable) - $25.00	
12. Total amount due: line 7 minus line 8 plus lines 9, 10, and 11	