

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

HOTEL/MOTEL ROOM TAX ORDINANCE REPORTING FORM

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**  
    **630 S Central Ave Ste 502**  
    **Marshfield, WI 54449**

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

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	