

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

Permit No. _____

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 - Fifth Floor
 630 S. Central Avenue
 P. O. Box 727
 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: 6% of line 6	
8. Deduct: 2% of Line 7 - collection fee	
9. Interest (if applicable) - 1% per month	
10. Late filing fee (if applicable) - \$10.00	
11. Non-filing fee (if applicable) - \$25.00	
12. Total amount due: line 7 minus line 8 plus lines 9, 10, and 11	