

CITY OF MAUSTON

Room Tax Quarterly Tax Return

Due Dates

1st Quarter (Jan. – March) – Due: April 30
 2nd Quarter (April – June) – Due: July 31
 3rd Quarter (July – Sept.) – Due: Oct. 31
 4th Quarter (Oct. – Dec.) – Due: Jan. 31

Return this form and check to:

City of Mauston
 Attn: Room Tax
 303 Mansion Street
 Mauston, WI. 53848

Name of Establishment: _____

This Return is for the (1st) (2nd) (3rd) (4th) **Quarter of Year** _____
 (circle one)

1.	Gross Receipts from Rooms:	\$	
2.	Deductions allowed:		
	(a) Gross receipts from exempt government entities: (§77.54(9a) Wis. Stats.)	(\$)
	(b) Gross receipts from non-transient guests: (Stays exceeding 30 days)	(\$)
3.	Subtotal (Line 1 minus lines 2(a) and 2(b)):	\$	
4.	Multiply line 3 by Room Tax Rate:	X	5%
5.	Tax Due:	\$	

I, hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: _____
 Business Owner / Agent

Print Name: _____

If any of the following information has changed, please fill out this portion:

New Mailing Address: _____
New Owner/Agent: _____
New Manager: _____
New Telephone: _____ **New Fax:** _____
New E-Mail Address: _____

Number of Rooms in each category		New Average Room Rates	
1.	One Single Bed:	\$	single occupancy
2.	Two Single Beds:	\$	double occupancy
3.	One Double, Queen or King Bed:	\$	double occupancy
4.	Two Double, Queen or King Beds:	\$	double occupancy