

CITY OF MAUSTON

Room Tax Annual Tax Return

(Due: March 15)

Return this form and check to:

Name of Establishment: _____

City of Mauston
Attn: Room Tax
303 Mansion Street
Mauston, WI. 53948

This Return is for: _____ Year

		Amount Submitted on Quarterly Tax Return	Adjusted Amount * (For each adjustment, provide explanation on separate sheet)
1.	Gross Receipts: (Line 1 of quarterly Return)		
	1 st Quarter	\$	\$
	2 nd Quarter	\$	\$
	3 rd Quarter	\$	\$
	4 th Quarter	\$	\$
2.	Deductions: (Lines 2(a) & (b) of quarterly return)		
	1 st Quarter	\$	\$
	2 nd Quarter	\$	\$
	3 rd Quarter	\$	\$
	4 th Quarter	\$	\$
3.	Subtotals: (Line 3 of quarterly return)		
	1 st Quarter	\$	\$
	2 nd Quarter	\$	\$
	3 rd Quarter	\$	\$
	4 th Quarter	\$	\$
4.	Tax Due: (Line 5 of quarterly return, which is 5% of Line 3)		
	1 st Quarter	\$	\$
	2 nd Quarter	\$	\$
	3 rd Quarter	\$	\$
	4 th Quarter	\$	\$
5.	Totals:	(a) \$	(b) \$
6.	If Line 5(a) is more than 5(b), Subtract 5(b) from 5(a). This is the amount you overpaid: (This will be refunded to you by City)		\$
7.	If Line 5(b) is more than 5(a), Subtract 5(b) from 5(a). This is the amount you owe: (Please send a check to City)		\$

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

* Attach explanation sheet for each adjustment