

**VILLAGE OF JACKSON**  
**Jackson Municipal Complex**

N168W19851 Main Street  
 Jackson, WI 53037  
 Phone: 262-677-9001 / FAX: 262-677-1710

**HOTEL/MOTEL ROOM TAX ANNUAL REPORTING FORM**

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_

\_\_\_\_\_

**ANNUAL ROOM TAX RETURN:**

Every person or organization required to file such a quarterly return, shall also be required to file an annual calendar year return on a form provided by the Village which shall be due and filed as part of the quarterly return for the fourth quarter of each calendar year. The annual return shall summarize the quarterly returns, reconcile and adjust for errors in the quarterly returns, and shall contain certain such additional information as the Village Treasurer requires, provided it is directly related to the tax. The required person or organization to file a return, or his or her duly authorized agent shall sign all annual returns. This annual return shall be filed with the Village Treasurer thirty (30) days following the close of the calendar year. The Annual Room Tax Return Summary is Due January 30.

**Annual Room Tax Return Summary:**

|    |   | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. |
|----|---|----------|----------|----------|----------|
| 1. | Gross Room Receipts<br>(from line 1 sales tax report) |          |          |          |          |
| 2. | Deduct Exemptions                                     |          |          |          |          |
| a. | Exemption Certificate Sales                           |          |          |          |          |
| b. | Sale of Exempt Property & Service                     |          |          |          |          |
| c. | Other (from line 4 sales tax report)                  |          |          |          |          |
| d. | Other Revenue not subject to room tax                 |          |          |          |          |
| 3. | Taxable Room Receipts                                 |          |          |          |          |
| 4. | Gross Tax 5% of Line 3                                |          |          |          |          |
| 5. | Delinquent Filing Fee plus interest                   |          |          |          |          |
|    | Total Tax Due   |          |          |          |          |
|    | Total Tax Paid  |          |          |          |          |
|    | Over / Under Reconciliation                           |          |          |          |          |

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_