

VILLAGE OF JACKSON
Jackson Municipal Complex

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

HOTEL/MOTEL ROOM TAX QUARTERLY REPORTING FORM

COMPANY: _____
ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

DUE last day of month following quarter being reported. UNPAID TAXES BEAR INTEREST at 18% per annum from due date until 1st day of month following month of payment.

Year _____ Quarter: 1st _____ 2nd _____ 3rd _____ 4th _____

COMPLETE ALL SECTIONS – Attach a copy of your STATE SALES TAX REPORT.

- | | | |
|----|--|-----------|
| 1. | Gross Room Receipts
(from line 1 sales tax report) | \$ _____ |
| 2. | Deduct Exemptions | |
| | a. Exemption Certificate Sales | (_____) |
| | b. Sale of Exempt Property & Service
(from line 3 sales tax report) | (_____) |
| | c. Other (from line 4 sales tax report)
Please explain _____
Also, complete page 2 for monthly renters | (_____) |
| | 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) | \$ _____ |
| 6. | TOTAL TAX DUE (Line 4 + 5) | \$ _____ |

Make checks payable to the VILLAGE OF JACKSON

SIGNED: _____ DATE: _____

VILLAGE OF JACKSON
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N168W20733 Main Street
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HOTEL/MOTEL ROOM TAX QUARTERLY REPORTING FORM FOR EXEMPTIONS

Room 1 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 2 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 3 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 4 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 5 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 6 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 7 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 8 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 8 _____ Month _____ Amount \$ _____
Name Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 9 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 10 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 11 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 12 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 13 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 14 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 15 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 16 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 17 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____

Room 18 _____ Month _____ Amount \$ _____
Name _____ Month _____ Amount \$ _____
Month _____ Amount \$ _____