

# VILLAGE OF JACKSON

N168 W20733 Main Street/PO Box 637

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 1<sup>st</sup> day of month following month of payment.

Year \_\_\_\_\_ Quarter: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

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

N168 W20733 Main Street/PO Box 147

Jackson, WI 53037

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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 \$ \_\_\_\_\_