

Town of Packwaukee

Room Tax Report

Quarter Ending: _____

The following computed payment is due along with this form to the Town of Packwaukee no later than 30 days after the close of the quarter. **A completed form is required for each quarter by the due date.** Failure to comply with this notice may result in additional monetary penalties.

Taxable Room Receipts: _____

Room Tax Rate (4.5%): _____

TOTAL TAX DUE: _____

Less your discount of
2% Of Total Tax Due: _____

NO DISCOUNT ON LATE PAYMENTS

Amount due to
Town of Packwaukee: _____

Make check payable to: Town of Packwaukee

Mail your payments to: Town of Packwaukee
PO Box 412
Packwaukee, WI 53953

I hereby certify the information supplied herein is accurate to the best of my knowledge and belief.

Signature Owner/Authorized Agent

Date

Title

Treasurer's use only:

Amount Received: _____

Date Received: _____

1st Qtr: Jan-Mar Due April 30

2nd Qtr: Apr-June Due July 31

3rd Qtr: July-Sept Due October 31

4th Qtr: Oct-Dec Due January 31