



## Quarterly Room Tax Collection Report

Quarter	Ending Date	Due Date
<input type="checkbox"/> 1	March 30	April 15
<input type="checkbox"/> 2	June 30	July 15
<input type="checkbox"/> 3	September 30	October 15
<input type="checkbox"/> 4	December 30	January 15 (Next Year)

Reporting Year \_\_\_\_\_

ROOM TAX RECEIPTS FOR QUARTER CHECKED ABOVE:	Receipts
1. Gross Room Receipts	
2. Less: Exempt Non-Transient Room Receipts	
3. Taxable Room Receipts (Line 1 minus Line 2)	
4. Gross Room Tax (Multiply Line 3 by <b>.05</b> )	
5. Less: 2% Retention (Multiply line 4 by .02)	
6. Interest on Late Payment from Prior Quarter*	
7. Total Tax Due (Line 4 minus Line 5 plus Line 6)*	

\*Unpaid occupancy taxes bear interest at 1% per month from the due date of the return until the paid date.

### **PLEASE FILL IN THE ROOMS AVAILABLE INFORMATION ABOVE**

I certify the above information supplied is true and correct, to the best of my knowledge

Your Name: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Please Make Checks Payable and Mail to: **Town of Burlington Treasurer**  
32288 Bushnell Rd  
Burlington, WI 53105

Please submit one signed copy of this report to the Town by the 15th day of the following month for which tax was collected. Post office postmark will be accepted.

**A LATE FILING FEE AND INTEREST PER MONTH WILL BE IMPOSED FOR ALL REPORTS AND TAXES RECEIVED AFTER THE DUE DATE.**