

TOWN OF DELAVAN ROOM TAX RETURN

 1st Quarter - Due by April 30

 3rd Quarter - due by Oct 31

 2nd Quarter - Due by July 31

 4th Quarter - due by Jan 31

**Quarterly Taxes
are Due By**

1st Quarter - April 30
 2nd Quarter - July 31
 3rd Quarter- October 31
 4th Quarter - January 31

Payment Amount _____

PERMIT NUMBER: _____

Name of Owner/Business: _____

Your quarterly Room Tax Return is due, and the tax payable **on or before the last day of the month next succeeding the calendar quarter for which imposed.**

TOTAL ROOM RENT RECEIPTS FROM ALL SOURCES	\$		(a)
TOWN OF DELAVAN ROOM TAX RATE - 8 %	X	0.08	(b)
MULTIPLY Line (a) by Line (b) = TOTAL TAX	\$		(c)
YOUR RETENTION - 2 %	X	0.02	(d)
MULTIPLY Line (c) by Line (d) = RETAINED BY PERMIT HOLDER	\$		(e)
Total Tax - (c) SUBTRACT 2% Retained Amount (e)	\$		(f)
TOTAL QUARTERLY ROOM TAX DUE from Line (f)		\$	

MAKE CHECK PAYABLE TO: Town of Delavan
 5621 Town Hall Road
 Delavan, WI 53115

Attention: Treasurer

Persons failing to comply with the provisions of the enabling Town legislation will be subject to penalties as provided.

I hereby certify that the above information hereon is accurate to the best of my knowledge and belief.

NAME OF OWNER / BUSINESS _____

ADDRESS _____

CITY / STATE / ZIP CODE _____

OWNER / AGENT SIGNATURE _____

TITLE _____

DATE _____