

TOWN OF GENEVA

*Debra L. Kirch, CMC/WCMC Clerk/Treasurer
N3496 Como Road
Lake Geneva, WI 53147
(262) 248-8497*

ROOM TAX QUARTERLY EARNINGS STATEMENT

QUARTER ENDING _____

Gross receipts \$ _____

6% of Gross Receipts \$ _____

Less 2% Retention \$ _____

Balance Due (98%) \$ _____

PERMIT NUMBER _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

Room Tax Paid by OWNER / THIRD-PARTY (circle)

Name of Third-Party Vendor _____

SIGNED _____

DATE _____

NOTE: This quarterly statement is due on or before 30 days after the last day of the calendar quarter in which the tax was collected. Form must be completed for all rental sites, whether payment is received from owner or third-party vendor.