

TOWN OF HILES

ROOM TAX QUARTERLY RETURN

The Accommodations (Room) Tax is due and payable within 30 days of the end of the calendar quarter for which imposed. Please make check, draft, or money order payable to HILES TOWN TREASURER, 10744 W. MAIN ST, HILES, WI 54511.

Name \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

Permit # 6

~~2008~~<sup>2009</sup> Quarterly Report Period: \_\_\_\_\_ 1<sup>st</sup> - Ending March 31  
(Check one) \_\_\_\_\_ 2<sup>nd</sup> - Ending June 30  
\_\_\_\_\_ 3<sup>rd</sup> - Ending September 30  
\_\_\_\_\_ 4<sup>th</sup> - Ending December 31

- 1. A. Gross Room Receipts \$ \_\_\_\_\_
- B. Minus state & county sales taxes, rents \$ \_\_\_\_\_
- C. Minus rents billed directly to governmental units \$ \_\_\_\_\_
- D. Net Room Receipts \$ \_\_\_\_\_
- 2. Gross Tax = 4.5% of Line 1 D \$ \_\_\_\_\_
- 3. Delinquent Filing Fee: \$25.00 + interest \*\* \$ \_\_\_\_\_
- 4. Penalty (Ordinance No. \_\_\_\_\_, Sec. 12) \$ \_\_\_\_\_
- 5. Tax Due to Town of Hiles \$ \_\_\_\_\_  
(Total of lines 2, 3, and 4)

\*\* Unpaid taxes bear interest of 1% per month from the due date of the return, until the first day of the month following the month in which the tax is paid to the Town Treasurer.

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

Signature of Owner or Authorized Agent \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

NOTICE to new owners: Do not use this tax return. Apply to the Town Treasurer immediately for an Accommodations Rental Permit.