WAUSHARA TOURISM RESOURCE COMMISSION
Box 61, Wautoma, WI 54982
www.wausharatourism.com

Board Representatives

Mary Adams	Town of Marion
Gary Grenier	Town of Dakota
TBA	Village of Wild Rose
Fred Gellerup	Town of Wautoma
Helena Waala	City of Wautoma
Joel Jarvis	Town of Mt. Morris
Kevin Thiemer	Town of Saxeville
Jan McCarron	Town of Oasis
Mark VandeCastle, DDC	Town of Rose
David Winter	Town of Bloomfield
Joe Farago	Town of Plainfield
Kevin Clark	Village of Plainfield
Judy Downie	WTRC
Saj Saiyed	Inditel Property Management
Jane Pfaller	Silvercryst

Lodging Remittance Form

Please check which payment is enclosed:

☐ 1st Quarter Ending 3/31 ☐ 2nd Quarter Ending 6/30 ☐ 3rd Quarter Ending 9/30 ☐ 4th Quarter Ending 12/31 ☐ Other Quarter Qtr:__ Date: _____

Make check payable to:

☐ Town of Marion - mail to: Town of Marion Treasurer, N1279 County Road Z, Wautoma, WI 54982
☐ Town of Dakota - mail to: Town of Dakota Treasurer, N315 County Road Y, Wautoma, WI 54982
☐ Town of Oasis - mail to: Town of Oasis Treasurer, N6012 9th Avenue, Plainfield, WI 54966
☐ Village of Wild Rose - mail to: Village of Wild Rose Clerk/Treasurer, PO Box 292, Wild Rose, WI 54984
☐ Town of Wautoma - mail to: Town of Wautoma Treasurer, N4842 15th Drive, Wautoma, WI 54982
☐ Town of Mt. Morris - mail to: Town of Mt. Morris Treasurer, W6750 Norwegian Lane, Wild Rose, WI 54984
☐ Town of Saxeville - mail to: Town of Saxeville Treasurer, N5346 County Rd. W, Wild Rose, WI 54984
☐ Town of Rose - mail to: Town of Rose Treasurer, N6574 17th Drive, Wild Rose, WI 54984
☐ Town of Bloomfield - mail to: Town of Bloomfield Treasurer, W1301 Apache Drive, Freemont, WI 54940
☐ City of Wautoma - mail to: City of Wautoma Clerk/Treasurer, PO Box 428, Wautoma, WI 54982
☐ Town of Plainfield - mail to: Clerk Janice Hall, PO Box 31, Plainfield, WI 54966
☐ Village of Plainfield - mail to: Clerk/Treasurer Brenda Black, PO Box 352, Plainfield, WI 54966

The following computed payment is due along with this form to the town no later than the last day of the month next succeeding the previous quarter. Failure to comply with this notice may result in additional monetary penalties.

Taxable Room Receipts for Quarter: _____
x .04
TOTAL TAX DUE: _____

Please note: This form MUST be completed and returned to the municipality even if you did not have any receipts for the quarter.

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

_____ _____
Signature: Owner/Authorized Agent Date

_____
Name of Lodging Establishment

_____
Address of Lodging Establishment

Treasurer's use only
Amount Received: _____ Date Received: _____