



Box 61, Wautoma, WI 54982
www.wausharatourism.com

Board Representatives

TBA	Bloomfield, Town of
William Van Dongen	Dakota, Town of
Mary Adams	Marion, Town of
Mark Theis	Mt. Morris, Town of
TBA	Oasis, Town of
TBA	Plainfield, Village of
Mark VandeCastle, DDC	Rose, Town of
Helena Waala	Wautoma, City of
Robert Van	Wautoma, Town of
Kent Barnard	Wild Rose, Village of
Jane Pfaller-Silvercryst	Lodging Industry
TBA	Lodging Industry

Lodging Remittance Form

Please check which payment is enclosed:

<input type="checkbox"/> 1st Quarter Ending 3/31	<input type="checkbox"/> 2nd Quarter Ending 6/30	<input type="checkbox"/> 3rd Quarter Ending 9/30	<input type="checkbox"/> 4th Quarter Ending 12/31	<input type="checkbox"/> Other Quarter Qtr: __ Date:
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Make check payable to and mail to:

<input type="checkbox"/>	Bloomfield, Town of - mail: Town of Bloomfield Treasurer, W1871 Apache Ave, Freemont, WI 54940
<input type="checkbox"/>	Dakota, Town of - mail: Town of Dakota Treasurer, N1470 St Rd 22, Wautoma, WI 54982
<input type="checkbox"/>	Marion, Town of – mail: Town of Marion Treasurer, N1279 County Road Z, Wautoma, WI 54982
<input type="checkbox"/>	Mt. Morris, Town of - mail: Town of Mt. Morris Treasurer, W5285 County Rd W, Wild Rose, WI 54984
<input type="checkbox"/>	Oasis, Town of - mail: Town of Oasis Treasurer, W9905 Akron Ave., Almond 54909
<input type="checkbox"/>	Plainfield, Village of - mail: Village of Plainfield Clerk/Treasurer, PO Box 352, Plainfield, WI 54966
<input type="checkbox"/>	Rose, Town of - mail: Town of Rose Treasurer, N6574 17th Drive, Wild Rose, WI 54984
<input type="checkbox"/>	Wautoma, City of - mail: City of Wautoma Clerk/Treasurer, PO Box 428, Wautoma, WI 54982
<input type="checkbox"/>	Wautoma, Town of - mail: Town of Wautoma Treasurer, N4842 15th Drive, Wautoma, WI 54982
<input type="checkbox"/>	Wild Rose, Village of – mail: Village of Wild Rose Clerk/Treasurer, P.O. Box 292, Wild Rose, WI 54984

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.

Please note: Send to the address listed for the lodging facility’s municipality above.



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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

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Treasurer's Use Only
Amount Received: _____

Date: _____