

Board Representatives

TBA
William Van Dongen
Mary Adams
Mark Theis
TBA
TBA
TBA
VandeCastle, DDC
Helena Waala
Jeff Nett
Kent Barnard
Jane Pfaller-Silvercryst

Danny Dahlke

Bloomfield, Town of Dakota, Town of Marion, Town of Mt. Morris, Town of Oasis, Town of Plainfield, Village of Rose, Town of Wautoma, City of Wautoma, Town of Wild Rose. Village of Lodging Industry Lodging Industry

Lodging Remittance Form

Please check which payment is enclosed: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter Other Quarter Ending 3/31 Ending 6/30 Ending 9/30 **Ending 12/31** Qtr: __ Date: Make check payable to and mail to: Bloomfield, Town of - mail: Town of Bloomfield Treasurer, W1871 Apache Ave, Freemont, WI 54940 Dakota, Town of - mail: Town of Dakota Treasurer, N1470 St Rd 22, Wautoma, WI 54982 Marion, Town of – mail: Town of Marion Treasurer, N1279 County Road Z, Wautoma, WI 54982 Mt. Morris, Town of - mail: Town of Mt. Morris Treasurer, N2970 County Rd S, Wautoma, WI 54982 Oasis, Town of - mail: Town of Oasis Treasurer, W9905 Akron Ave., Almond 54909 Plainfield, Village of - mail: Village of Plainfield Clerk/Treasurer, PO Box 352, Plainfield, WI 54966 Rose, Town of - mail: Town of Rose Treasurer, N6574 17th Drive, Wild Rose, WI 54984 Wautoma, City of - mail: City of Wautoma Clerk/Treasurer, PO Box 428, Wautoma, WI 54982 Wautoma, Town of - mail: Town of Wautoma Treasurer, N4842 15th Drive, Wautoma, WI 54982 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

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.

TOTAL TAX DUE:



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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	
Treasurer's Use Only Amount Received:	Date: