

Waushara Tourism Resource Commission

Box 61, Wautoma, WI 54982

www.wausharatourism.com

Board Representatives

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

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

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:
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Make check payable to and mail to:

Bloomfield, Town of - mail: Town of Bloomfield Treasurer, W1871 Apache Ave, Fremont, 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, W7025 State Road 152, Wautoma, WI 54982

Oasis, Town of - mail: Town of Oasis Treasurer, W9905 Akron Ave, Almond WI 54909

Plainfield, Village of - mail: Village of Plainfield Treasurer, W13505 St RD 73, 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

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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.

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: _____