



CITY OF REEDSBURG

134 SOUTH LOCUST STREET
P.O. Box 490
REEDSBURG, WI 53959

PHONE: 608-524-6404
FAX: 608-524-8458

QUARTERLY ROOM TAX REPORT

Fill in sections of this report to calculate Room Tax for the quarter.

Period Begin Date: _____

Period End Date: _____

Name of Establishment: _____

Permit Number: _____

Owner or Manager: _____

Address of Establishment: _____

Use Wisconsin Sales and use Tax Return Form ST-12 to calculate your Room Tax.

**** Attach a copy of your Wisconsin Sales & Use Tax Form ST-12 when submitting this report.****

	Month 1	Month 2	Month 3	Quarter Total
Line 1 – Form ST-12: Total Sales	_____ aa _____	_____ aa _____	_____ aa _____	_____ aa _____
Line 6 – Form ST-12: Deductions	_____ aa _____	_____ aa _____	_____ aa _____	_____ aa _____
Line 7 – Form ST-12: Net Taxable	_____ aa _____	_____ aa _____	_____ aa _____	_____ aa _____
			6% Room Tax	_____ aaaa _____
			Retainage (2.5%)	"_ a _____ aaaaa _____
			Pay This Amount	_____ aaaa _____

Make Checks Payable To: City of Reedsburg – Treasurer
134 S. Locust Street
Reedsburg, WI 53959

Name of Preparer: _____

Date Prepared: _____

Mailing Address: _____
(if different from establishment)

Telephone #: _____

Signature of Preparer: _____