



City of Fond du Lac

ROOM TAX YEAR END RECONCILIATION

Year Ended: December 31, _____

Due Date: Within 30 days of the close of the calendar year.

Submit to: City Payments
P.O. Box 150
Fond du Lac, WI 54936-0150

Permit Number: _____

Business Name: _____

Address: _____

Signature: _____

Title: _____

Date: _____

Phone Number: _____

1. Gross Room Receipts	
2. Less: Non-Transient Receipts	
3. Less: Exempt Receipts	
4. Taxable Receipts (line 1 less lines 2 & 3)	
5. Gross Tax: (8% of Line 4)	
6. Delinquent Filing Fee - \$10 (interest will be billed)	
7. Total Amount Due: (lines 5 plus 6)	
8. Total Tax Paid on Monthly Returns	
9. Difference: (line 7 minus line 8) (pay any amount due and explain difference)	

(Please Return With Payment)



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(Retain For Your Records)