



City of Fond du Lac

Month/Year: _____

Due Date: The 20th day of the month following the month for which the tax is imposed.
Report must be filed even if there are no gross receipts.

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

Permit Number: _____

Business Name: _____

Address: _____

Signature: _____

Title: _____

Date: _____

Phone Number: _____

MONTHLY ROOM TAX REPORT

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. Monthly % Occupancy: %	Year to Date % Occupancy: %
9. Average Daily Rate:	Year to Date Average Daily Rate:

Penalty for failure to file - 10% of the estimated room tax due.

Interest on late payments - 12% per annum from due date until 1st day of the month following month of payment.

Interest and penalties will be billed by the City.

(Please Return With Payment)



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(Retain For Your Records)