
HOTEL ROOM TAX PAYMENTS DUE TO THE VILLAGE OF LOMIRA

Hotel Name
Address
City, State Zip

Description:

4% Room Tax Due to Village By:

1 st Quarter	January 1 to March 31	April 30
2 nd Quarter	April 1 to June 30	July 31
3 rd Quarter	July 1 to September 30	October 31
4 th Quarter	October 1 to December 31	January 31

Please pay by check.

Make checks payable to: Village of Lomira
425 Water Street
Lomira, WI 53048

Payments can be brought to the Clerk's office, mailed or placed in the outside drop box at the municipal building located at 425 Water Street.

Thank you.

HOTEL ROOM TAX REMITTANCE FORM

Hotel: _____

Mailing Address: _____

Today's Date: _____

Quarterly room tax (circle one):	Quarter 1 Due by April 30	Quarter 2 Due by July 31	Quarter 3 Due by October 30	Quarter 4 Due by January 31
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Federal Tax ID: _____

Sales Tax ID: _____

1. Lodging Gross Receipts for Quarter: \$ _____

2. **Tax Due** – 4% of Line 1: \$ _____

Remit payment (Line 2) to: Village of Lomira
425 Water Street
Lomira, WI 53048

Payments can be brought to the Clerk's office, mailed or placed in the outside drop box at the municipal building located at 425 Water Street.

Thank you.

For Clerk's Use Only:

Date Paid: _____

Check #: _____

202-00-49000-000-000