

**TOWN OF WESCOTT
QUARTERLY ROOM TAX
REMITTANCE FORM**

Please remit checks to:
Town of Wescott
Treasurer—Sarah Kirchner
PO Box 536
Shawano, WI 54166

1st QTR: Jan 1st to March 31st
2nd QTR: April 1st to June 30th
3rd QTR: July 1st to Sep 30th
4th QTR: Oct 1st to Dec 31st

Phone: 715- 526-9853 ext. 3
Fax: 715-526-9806
Email: sarah@townofwescott.com

1st 2nd 3rd 4th quarter of 20____.
(circle correct quarter)

Establishment Name: _____

Establishment Address: _____

Owner Name: _____

Owner Address: _____

Number of Rooms or Cottages: _____

Gross Receipts (Room rent revenue)..... \$ _____

Multiply by 4.5%..... \$ _____

Less 2% to facility collecting tax..... \$ _____

TOTAL ROOM TAX DUE \$ _____

Forward on or before 30 days following close of the quarter.

Taxes are due on or before the last day of April, July, October & January.

I certify that the above figures are true and correct.
Dated this _____ day of _____, 20____.

Please enclose copy with payment.

NOTIFY TREASURER IF YOU NO LONGER OWN OR RENT THIS PROPERTY.

