

Due by \_\_\_\_\_

## Town of Hayward Quarterly Room Tax Return

\_\_\_\_ Quarter Return

Quarter Ending: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF BUSINESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

### QUARTERLY RETURN - FILING & PAYING ON TIME COMPLETE SECTION A ONLY

DO NOT INCLUDE TAX-EXEMPT SALES

#### SECTION A

NET SALES SUBJECT TO ROOM TAX: A: \_\_\_\_\_

ROOM TAX COLLECTED (A x .04) B: \_\_\_\_\_

LESS 5% NET TAX RETAINED BY LICENSED PROVIDER (B x .05) C: \_\_\_\_\_

NET ROOM TAX DUE TOWN OF HAYWARD: (B - C) D: \_\_\_\_\_

IF FILING & PAYING LATE BUT WITHIN 30 DAYS OF DUE DATE-PLEASE COMPLETE SECTION A & B

#### SECTION B

AMOUNT DUE FROM LINE D ABOVE: E: \_\_\_\_\_

LATE PENALTY: F: \_\_\_\_\_ \$ 25.00

AMOUNT DUE TO TOWN (E + F) G: \_\_\_\_\_

**(COMPLETE SECTION A&B IF FILING & PAYING WITHIN 30 DAYS OF DUE DATE)**

IF RETURN AND PAYMENT IS NOT MADE WITHIN 30 DAYS OF DUE DATE INTEREST WILL BE ASSESSED AT A RATE OF 12% PER ANNUM OR 1% PER MONTH OF NET ROOM TAX FOR EACH MONTH IN ARREARS PER ORDINANCE #1-05 - PLEASE COMPLETE SECTION A & C

#### SECTION C

AMOUNT DUE FROM LINE D ABOVE: H: \_\_\_\_\_

INTEREST: (H x .01 x # of months past due) I: \_\_\_\_\_

LATE PENALTY: J: \_\_\_\_\_ \$25.00

AMOUNT DUE TO TOWN OF HAWYARD: (H + I + J) K: \_\_\_\_\_

**DELIVER TO: TOWN OF HAYWARD, P.O. BOX 13260; HAYWARD, WI 54843**

\_\_\_\_\_  
Authorized Signature

DATE: \_\_\_\_\_