

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 SECTRION 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, 15460W STATE HIGHWAY 77; HAYWARD, WI 54843

Authorized Signature DATE: _____