

CITY OF WISCONSIN RAPIDS ROOM TAX REPORT

Fill in yellow sections of this report to calculate Room Tax for each month. Submit payments monthly.

Period Begin Date:		Pe	riod End Date:		
Name of Establishment:			P	ermit Number:	
Owner or Manager:					
Address of Establishment:					
Use Wisconsin Sales and Use Tax Return Form ST-12 to calculate your Room Tax.					
			Month Ending		
Line 1 - Form ST-12:	Total SALES (Gross Receipts)				
Line 6 - Form ST-12:	Total Deductions				
Should Equal Line 7 - Form ST-12:	(enter as a negative number) Net Taxable Earnings				
			8%	% Room Tax	
	CITY OF MICCONCIN DAD	IDC			
Make Checks Payable to:	CITY OF WISCONSIN RAPI			Date Prepared:	
	444 W Grand Ave. Wisconsin Rapids, WI 544	105	Tele	phone Number:	
	wisconsiii Kapius, wi 34-	.55			
Name of Preparer:					
Mailing Address: (If different from establishment)					
Signature of Preparer:					