

Village of Cassville
Short-Term Rental/Hotel/Motel Room Tax
Quarterly Reporting Form

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	January – March	April – June	July – September	October - December
<i>Return Due</i>	<i>April 30</i>	<i>July 31</i>	<i>October 31</i>	<i>January 31</i>
Days in Quarter	90	91	92	92

Business Address:

Mailing Address, if different:

- | | |
|---|----------|
| 1. Gross Room Receipts | \$ _____ |
| 2. Exemption Certificate Room Receipts | \$ _____ |
| 3. Taxable Room Receipts
(Subtract Line 2 from Line 1) | \$ _____ |
| 4. Gross Tax (5% of Line 3) | \$ _____ |
| 5. Number of Rooms x Days in Quarter | _____ |
| 6. Number of Rooms Rented in Quarter | _____ |

Signature: _____

Date: _____

Title: _____

Please submit with check made payable to Village of Cassville no later than the due date each quarter to:

Cassville Clerk's Office
 PO Box 171
 Cassville, WI 53806

Please contact Molly Roskams, Clerk-Treasurer, at (608) 725-5180 or clerk-treasurer@cassvillevgwi.gov with any questions you may have.

Failure to comply with room tax requirements per Village Ordinance Chapter 23 could result in fines. Please comply in a timely manner each quarter.