

**Town of Linn, WI**  
**Room Tax Receipt Annual Report**

Owner or Operator Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Contact Person (if different from owner): \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

\_\_\_\_\_

Permit No.: \_\_\_\_\_

1st Quarter \$ \_\_\_\_\_

2nd Quarter \$ \_\_\_\_\_

3rd Quarter \$ \_\_\_\_\_

4th Quarter \$ \_\_\_\_\_

Total: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Annual Report, along with a copy of the Sales Tax Form filed with the State of Wisconsin, must be returned to the Town Treasurer on or before 31st day following the close of the calendar year. Late payments will be charged interest from the due date of the return until paid per the Town of Linn Municipal Code. Complete and submit to:

Administrator-Treasurer  
Town of Linn  
P.O. BOX 130  
Zenda, WI 53195  
admin@townoflinn.com