

Town of Linn, WI
Room Tax Receipt Quarterly Report

Owner or Operator Name: _____

Business Name (if applicable): _____

Contact Person (if different from owner): _____

Mailing Address: _____

Phone: _____

Email: _____

Permit No: _____

Quarter Ending (circle): 1 2 3 4

Gross Receipts: \$ _____

5% of Gross Receipts: \$ _____

Less 2% Retention: \$ _____

Balance Due (98%): \$ _____

Signature: _____

Date: _____

This Quarterly Report must be returned to the Town Administrator-Treasurer on or before 30 days after the last day of the calendar quarter in which the tax was collected.

Complete and Submit Quarterly Report to:

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