

Town of Linn, WI
Room Tax Receipt Quarterly Report

Owner or Operator Name: _____

Business
Name: _____

Mailing
Address: _____

Phone: _____ Email: _____

Quarter Ending (circle): 1 2 3 4

Gross Receipts: \$ 7,250.00

5% of Gross Receipts: \$ 362.50

Less 2% Retention: \$ - 7.25

Balance Due (98%): \$ 355.25

Operator's
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 13
Zenda, WI 53195
admin@townoflinn.com