

BROWN COUNTY ROOM TAX COMMISSION**HOTEL/MOTEL/INN FACILITIES**

Account #: 84-8403-02-8

THE 10% ROOM TAX, EFFECTIVE 7/1/12, collected on retail room rental or lodging is due and payable on or before the 20th day of the following month. Make check, draft, money order payable, or electronic payment₍₁₎ to: Associated Trust Company and return with copy to:

*** **Associated Trust Company, Attn: Trust Operations Dept., P.O. Box 12800, Green Bay, WI 54307-2800** ***

Unpaid taxes bear interest at 1.0% per month from the due date and the assessment of a \$100.00 late fee.

PART I - Facility, Owner and Preparer Information

Tax Report for:	DePere	Month:		Year:		Permit No:	
-----------------	---------------	--------	--	-------	--	------------	--

I declare under penalty of perjury that the room sales information contained on this document and any accompanying documents is true and correct, with full knowledge that all information made on this document are subject to investigation and that any false information may be grounds for legal action.

Facility Name & Address:**Owner Name & Address:****Preparer Information**

Name

Name

Preparer Name

Street, Suite, PO Box

Street, Suite, PO Box

Preparer Phone Number

City, State Zip

City, State Zip

Preparer Signature

PART II - Room Sales Information

1. Gross Room Nights Sold	_____	
2. Tax Exempt Room Nights Sold	_____	<i>Complete Part III below</i>
3. Total Room Sales Revenue (w/o Sales Tax)	\$ _____	
4. Less: Tax Exempt Room Sales Revenue	\$ _____	
5. Total Taxable Room Sales (Line 3 - 4)	\$ _____	
6. 8% Room Tax (of Line 5)	\$ _____	<i>Applied against debt retirement</i>
7. 2% Room Tax (of Line 5)	\$ _____	<i>Paid to the Convention Visitor Bureau</i>
8. Total 10% Room Tax (Line 6 + 7)	\$ _____	
9. Late Filing Fee (\$100)	\$ _____	<i>Include \$100 late fee if filing late</i>
10. Interest (1% per month)	\$ _____	<i>Include interest amount if filing late</i>
11. TOTAL TAX DUE (Lines 8 + 9 + 10)	\$ _____	<i>Remit to Associated Trust Company</i>

Contact Associated Trust Company directly at 920-327-5638 for electronic submission (payment) instructions.

PART III - Tax Exempt Guest Information

Please summarize all tax exempt guest information below. *Effective November 1, 2013, this section is replaced with the hotel/motel's Property Management System report that provides all the information needed in Part II above.* Failure to provide exempt tax receipt information will deem the room tax delinquent and late fees and interest will be assessed.

Tax Exempt Organizations - List the organization name(s) and the corresponding number of nights stayed

<u>Name(s) of Organization(s):</u>	<u>Nights</u>	<u>Name(s) of Organization(s):</u>	<u>Nights</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customers Staying 30 Days or More

Number of Different Customers	_____	Total Tax-Exempt Room Nights Sold	_____
Number of Room Nights Sold	_____		_____