

**TOWN OF HUNTER ROOM TAX**

*1<sup>st</sup> Quarter – Due April 30*  
*2<sup>nd</sup> Quarter – Due July 31*

*3<sup>rd</sup> Quarter – Due October 31*  
*4<sup>th</sup> Quarter – Due January 31*

Business Name: \_\_\_\_\_

Lodging Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

| <b>If filing &amp; paying on time complete Section A only</b> |                    |                  |
|---|--------------------|------------------|
| <b>Do not include tax-exempt sales</b>                        |                    |                  |
|   |                    | <b>SECTION A</b> |
| Lodging sales subject to room tax:                            | A: _____           |                  |
| Room Tax Collected  | (A x .04) B: _____ |                  |
| Less 5% net tax retained by licensed provider                 | (B x .05) C: _____ |                  |
| <b>Net Room Tax Due Town of Hunter:</b>                       | (B – C) D: _____   |                  |

| <b>If filing &amp; paying late but within 30 days of due date-please complete Section A &amp; B</b> |                  |                  |
|---|------------------|------------------|
|   |                  | <b>SECTION B</b> |
| Amount due from line D above:   | E: _____         |                  |
| Late Penalty  | F: _____ \$25.00 |                  |
| Amount Due to Town  | (E+F) G: _____   |                  |

| <b>If filing and payment is not made within 30 days of due date interest will be assessed at a rate of 12% per annum or 1% per month of net room tax for each month in arrears per Ordinance No. 2018-01. Please complete Section A &amp; C</b> |                      |                  |
|---|----------------------|------------------|
|   |                      | <b>SECTION C</b> |
| Amount due from line D above:   | H: _____             |                  |
| Interest: (H x .01 x # of months past due)  | I: _____             |                  |
| Late Penalty  | J: _____ \$25.00     |                  |
| Amount due to Town of Hunter:   | (H + I + J) K: _____ |                  |

**PAYMENTS MADE ON YOUR BEHALF THROUGH A MARKETPLACE PROVIDER**

**SALES:** \$ \_\_\_\_\_ **ROOM TAX:** \$ \_\_\_\_\_

**PROVIDER:** \_\_\_\_\_

**Mail to: Town of Hunter Treasurer, PO Box 634, Hayward, WI 54843**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Email if new