



TOWN OF BROOKLYN – Green Lake County
Hotel/Motel Room Tax Ordinance Reporting Form

Select which reporting quarter - ____ - 1st Qtr. ____ - 2nd Qtr. ____ - 3rd Qtr. ____ - 4th Qtr.

Name of Business _____

Street Address _____ City _____

Mailing Address _____ City _____

Complete All Sections:

1. Gross Receipts	
2. State Sales Tax (5.5%) Included in Line 1	
3. Room Tax (5%) Included in Line 1	
4. Non-taxable Room Receipts Included in Line 1	
5. Totals of Lines 2, 3, and 4	
6. TAXABLE ROOM RECEIPTS (Line 1 minus line 5)	
7. Gross Tax: 5% of Line 6 (.05)	
8. Delinquent Filing Fee	
9. Subtract your fee – (1% of line 7) (.01)	
10. Room Tax Due (Line 7 + Line 8 – Line 9)	

Non-Taxable Room Receipts

Name of Group	Exempt No.	Amount of Bill
Total exempt (Enter on line 4 above)		

Send this form and payment to:

Town of Brooklyn
N5988 County Road A
Green Lake, WI 54941

Payment Due

1st Quarter – April 30, 202____
 2nd Quarter – July 31, 202____
 3rd Quarter – October 31, 20____
 4th Quarter – January 31, 202____