

TOWN OF DAYTON  
ROOM TAX REPORTING FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Hotel/Motel Room Tax is DUE the last day of the month following the month being reported. Unpaid taxes bear interest at 18% per annum from due date until the 1<sup>st</sup> day of month following the month the payment is received, PLUS a \$10.00 late fee will be assessed AND a negligence penalty equal to 5% of the Tax due for each month or part month the return is filed after the due date. The maximum negligence penalty for late filing is 25% of the tax due

(1) If all income is from non-transient guest, check box ☐ sign and return with this form.

(2) Gross Receipts \$ \_\_\_\_\_

(3) Deductions – Non transient room receipts - \_\_\_\_\_

(4) Taxable Room Rent \_\_\_\_\_

(5) Town of Dayton Tax at 8%      **X** .08

(7) Tax due Town of Dayton \$ \_\_\_\_\_

I hereby certify that the information supplied hereon is accurate to the best of my knowledge and belief.

Signature of Owner or  
Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_

Firm: \_\_\_\_\_

Date: \_\_\_\_\_

Please remit to: Town of Dayton  
N1755 Patrick Ln.  
Waupaca, WI 54981