Town of Harris

Room Tax Report

Quarter Ending: _____

The following computed payment is due along with this form to the Town of Harris no later than 30 days after the close of the quarter. A completed form is required for each quarter by the due date, whether or not a payment is due. Failure to comply with this notice may result in additional monetary penalties.

Taxable Room Receipts: _____

Room Tax Rate (4.5%): _____

TOTAL TAX DUE: _____

Make check payable to: Town of Harris

Mail your payments to: Town of Harris
PO Box 357
Westfield, WI 53964

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

_____ _____
Signature Owner/Authorized Agent Date

_____
Title

Clerk's use only:

Amount Received: _____ Date Received: _____

1st Qtr: Jan-Mar, Due April 30
2nd Qtr: Apr-June, Due July 31
3rd Qtr: July-Sept, Due October 31
4th Qtr: Oct-Dec, Due January 31