



Town of Monroe

981 County Rd Z
Arkdale, WI 54613
Phone: 608-564-7271
Fax: 608-564-2283



Room Tax

Permit Application

Each Location: \$50.00
Each Add'l Location: \$25.00

TownOfMonroems@gmail.com

www.TownOfMonroeAdamsCoWI.com

DATE: _____

Business Contact Info

Adams County
Short Term Lic # _____

Name of Business _____

Contact Name: _____ State Lic. # _____

Business Address: _____ Work # _____

Mailing Address: _____ Home # _____

Email Address: _____ Cell # _____

MARKET PLACE PROVIDER _____

LIST Addresses for each location requiring a permit

<u>Loc #</u>	<u>Address</u>	<u>PERMIT COST</u>	<u>OCCUPANCY</u>
1.	_____	\$50	_____
2.	_____	\$25	_____
3.	_____	\$25	_____
4.	_____	\$25	_____
5.	_____	\$25	_____
6.	_____	\$25	_____

TOTAL DUE: _____

Submitted by (Print): _____ Signature _____



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Room Tax REMITTANCE FORM

TownOfMonroems@gmail.com

www.TownOfMonroeAdamsCoWI.com

DATE: _____

Business Contact Info

Town of Monroe
RoomTaxPermit # _____

Name of Business _____

Phone # _____

Loc # **Location Name:** _____

Location address: _____

CHECK/CASH/DEBIT OR CREDIT

Mailing address: _____

Choose method of payment

Email Address: _____

QUARTER Ending: 3/31 6/30 9/30 12/31
Check Box:

1.	Gross Receipts		\$ _____
2.	Non-Transient room Receipts		\$ _____
3.	Non-Taxable room Receipts *		\$ _____
4.	Taxable room Receipts	Line 1 - Line 2 - Line 3	\$ _____
5.	GROSS TAX:	5% of Line 4	\$ _____
6.	Delinquent filing fees/penalties		\$ _____
TOTAL ROOM TAX DUE for Quarter:		Line 5 + Line 6	\$ _____

* **NOTE:** Non-Taxable Room receipts are for government, schools, religious and other non-taxable entities. (See Wis. §66.0615 (2M) §77.54 (9a))

HANDLING OF FORMS AND PAYMENTS

1. **Payment DUE:** On the last day of the month *following* the quarter being reported. See Room Tax Ordinance on website for "Monroe Ordinance Number 2021-1" for late Penalties and Interest Percentages
2. **MAIL:** Print & mail completed Remittance Form & Payment to: Town of Monroe, Treasurer at above address
3. **WEBSITE:** Submission of this Form & Payment can all be done electronically if desired from website
4. **CREDIT/DEBIT CARD:** Go to Allpaid.com, use Code "a0055w" or use the link on our website
5. **NOTIFY TREASURER:** Email (see above) any changes in Business name, address or the addition of any location

Submitted by (Print): _____ Signature _____