

**TOWN OF FARMINGTON
ROOM TAX REPORTING FORM**

NAME: _____

ADDRESS: _____

MONTH/QUARTER _____ YEAR _____

Room Tax is DUE the last day of the month following the period being reported. Unpaid taxes bear interest at 18% per annum from due date until the 1st 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. (Rentals which are 30 days or more - monthly)

(2) Gross Receipts \$ _____

(3) Deductions – Non transient room receipts _____

(4) Taxable Room Rent _____

(5) Town of Farmington Room Tax at 8% X 8.00%

(7) Tax due Town of Farmington \$ _____

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 send copy of report and remit to: Town of Farmington
E913 Prairie View Ln
Waupaca, WI 54981