

TOWN OF FARMINGTON ROOM TAX REPORTING FORM

NAME: _____

ADDRESS: _____

MONTH/QUARTER _____ YEAR _____

Room tax is **DUE** on the last day of the month following the period being reported. Unpaid taxes accrue interest at 18% per annum from the due date until the 1st day of the month following the month the payment is received. **Additionally**, a \$10.00 late fee will be assessed, and a negligence penalty of 5% of the tax due will apply for each month, or part of the 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 guests, check the box, sign, and return this form. (Rentals of 30 days or more - monthly).

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(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 a copy of the report and submit it to: **Town of Farmington
E913 Prairie View Ln
Waupaca, WI 54981**