Village of Fontana-on-Geneva Lake

175 Valley View Drive • PO Box 200 • Fontana, WI 53125
Phone: 262-275-6136 • Fax: 262-275-8088

MONTHLY ROOM TAX REPORTING FORM

In accordance with Section 70-33, Chapter 70, Taxation

Date form was received:

Reporting Month: _____ **Year:** _____

The tax imposed for the month listed above, and for each calendar month hereafter is due and payable on the last day of the month next succeeding the calendar month for which imposed. Tax reporting is required for each month, even if zero sales are conducted.

Physical Address of Site: _____

Tax Parcel Number: _____

$_____ (A) Gross room rent receipts from all sources

Less:

$_____ (B) Rent received from non-transient guests
(Stays of over 30 consecutive days)

$_____ (C) Rents billed directly to governmental units (Non-taxable)

$_____ (A) – (B) – (C) = Total taxable room rent

$_____ **Tax Due and Payable to the Village of Fontana**
(Total taxable room rent **x** 5%)

Please make check payable to:
Treasurer, Village of Fontana
P.O. Box 200
Fontana, WI 53125

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

Owner/Authorized Agent Signature_____

Date _____

Name: _____

Mailing Address: _____

_____

eMail: _____

Phone: _____