

04/01/2025

**CITY OF MENOMONIE
QUARTERLY HOTEL-MOTEL USE TAX RETURN**

Hotel-Motel Name: _____

Address: _____

Name and email address of contact: _____

Telephone Number _____ - _____ - _____

Reporting Year: 20 _____

Period Covered (*please check one*):

1st Quarter - Jan. 1 - Mar. 31 _____

2nd Quarter - Apr. 1 - June 30 _____

3rd Quarter - July 1 - Sept. 30 _____

4th Quarter - Oct. 1 - Dec. 31 _____

Quarterly report - due and payable within 20 days of the end of each calendar quarter.

Summary: 1st Qtr. \$ _____; 2nd Qtr. \$ _____; 3rd Qtr. \$ _____; 4th Qtr. \$ _____

Any adjustments to prior reporting period (*please state which period*): _____

Adjustment to Gross Receipts: _____ Less Exempt: _____ Taxable: _____

Adjustment to Tax: \$ _____

MONTHLY RECONCILIATION (and quarterly payment to the city):

Month	Total # Rooms Sold Per month	Gross Lodging Receipts	Less Exempt Lodging Receipts	Taxable Lodging Receipts	Tax at 8%
_____	# _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	\$ _____	\$ _____	\$ _____
(TOTALS) # _____		\$ _____	\$ _____	\$ _____	\$ _____
TOTAL AMOUNT PAYABLE TO THE CITY					\$ _____

CERTIFICATION: I hereby certify that the above return, to the best of my knowledge, is true and correct.

Please print name of person completing this form: _____

Email address of person completing form: _____

Signature: _____ Date: _____

Receipt # _____