

**CITY OF PHILLIPS
ROOM TAX RETURN**

<u>Period Covered</u>	<u>Due Date</u>
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Business Name _____

Address _____

Fed. Emp. Ident No. _____

Social Security No. _____

Change of Ownership:

Date of Change: _____

Type of Change:

___ Discontinued

___ Owner Deceased

___ Sold

Sold To: _____

New Business Name: _____

New Mailing Address: _____

Sales:	1. Gross Sales		1.
Deductions:	2. Exemption Certificate Sale	2.	
	3. State and County Sales Tax included in line 1	3.	
	4. Sales Return, Allowances and Bad Debts	4.	
	5. Total Deductions (add lines 2 through 4)		5.
Room Tax Due:	6. Taxable Receipts (subtract line 5 from line 1)		6.
	7. 3% room tax (multiply line 6 by .03)		7.
	8. Less Administration (multiply line 7 by .02)	8.	
	9. TOTAL Room Tax Due (subtract line 8 from line 7)		9.

TAX DUE QUARTERLY: April 31st
 July 31st
 October 31st
 January 31st

**MAIL TO: City of Phillips
 PO Box 21
 Phillips WI 54555**