

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Sales:</b>	1. Gross Sales		1.
<b>Deductions:</b>	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.
<b>Room Tax Due:</b>	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 31<sup>st</sup>  
    July 31<sup>st</sup>  
    October 31<sup>st</sup>  
    January 31<sup>st</sup>

**MAIL TO: City of Phillips  
 174 South Eyder Avenue  
 Phillips, WI 54555**