

Village of Fontana-on-Geneva Lake

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

ANNUAL ROOM TAX REPORTING FORM

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

Reporting Year: _____

Such annual return shall be filed within 30 days from the close of each such calendar or fiscal year. The annual return shall summarize the monthly returns, reconcile and adjust for errors in the monthly returns, and shall contain certain such additional information as the treasurer requires. Such annual returns shall be made on forms as prescribed by the treasurer.

Date form was received:		

Physical Address of Site: _____

April May June July August

September October November December

Totals:

Tax Parcel Number:

Month	Reported	Amended	Difference
January	·		
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Totals:			
(B) Less: Room rei	nt receipts from non-transie	nt guests (stays of over 30 consecuti	ve days)
Month	Reported	Amended	Difference
January			
February			
March			

(C) Less: Roo	om rent receipts from gove	rnmental units (non-taxable)	
Month	Reported	Amended	Difference
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Totals:			
		(A) Total Room Rent Difference:	
		(B) Less Non-Transient Difference:	
		(C) Less Governmental Difference:	
		Grand Total Difference:	
	Additional tax due or to	be refunded:	
		5% Tax on Grand Total Difference:	

If additional tax is due, make check payable to:

Treasurer, Village of Fontana PO Box 200 Fontana, WI 53125

Upon completion of this form please submit it to the Village Treasurer, Liz Baumann, at Ibaumann@vi.fontana.wi.gov. If a refund is due, the Village Treasurer will issue a check.

Persons failing to comply with the provisions of the enabling Village Legislation will be subject to penalties as provided.

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 Addre	ess:					
	eMail: Phone:						