



# 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: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

<b>(A) Room rent receipts from all sources:</b>			
Month	Reported	Amended	Difference
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

<b>(B) Less: Room rent receipts from non-transient guests (stays of over 30 consecutive days)</b>			
Month	Reported	Amended	Difference
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

<b>(C) Less: Room rent receipts from governmental units (non-taxable)</b>			
<b>Month</b>	<b>Reported</b>	<b>Amended</b>	<b>Difference</b>
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals:</b>	_____	_____	_____

(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

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 Address: \_\_\_\_\_

eMail: \_\_\_\_\_

Phone: \_\_\_\_\_