

**City of Lake Geneva
626 Geneva St
Lake Geneva, WI 53147
262-248-3673
262-248-4715(Fax)**



Room Tax Receipts Monthly Report

Business Name: _____

Business Address: _____

Permit No: _____

Month Ending: _____

Gross Receipts: _____

Gross Tax: _____
(5 % of Gross)

Less 2 % Retention: _____

Balance Due: _____

Date: _____

Signature: _____

Email Address: _____

- Note: This Monthly Report must be returned to the City Treasurer on or before last day of the following month.

Receipt No. _____

Receipt Date: _____