



**626 Geneva Street Lake Geneva, WI 53147  
262-248-3673 262-248-4715(Fax)**

**Room Tax Receipts Monthly Report**

*Complete and submit to:  
City Treasurer, City of Lake Geneva, 626 Geneva Street, Lake Geneva, WI 53147*

**Owner or Operator Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Month Ending:** \_\_\_\_\_

**Gross Receipts:** \_\_\_\_\_

**Gross Tax:** \_\_\_\_\_  
(5 % of Gross)

**Less 2 % Retention:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

Operator's  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This Monthly Report, along with a copy of the Sales Tax Form filed with the State of Wisconsin, must be returned to the City Treasurer on or before last day of the following month. Late payments will be charged interest at 12% annum from the due date of the return until paid per Lake Geneva Municipal Code.*