Due by _____.

CITY OF HAYWARD ROOM TAX RETURN

_____ Quarter QUARTER ENDING: _____

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

NAME OF BUSINESS, IF DIFFERENT FROM ABOVE:

_____

QUARTERLY RETURN

GROSS SALES:		A:	_____
LESS EXEMPT SALES:		B:	- _____
NET SALES SUBJECT TO ROOM TAX:	(A - B)	C:	_____
ROOM TAX COLLECTED:	(C x .04)	D:	_____
LESS RETAINED BY PROVIDER IF FILED IN TIMELY MANNER:	(D x .05)	E:	_____
NET ROOM TAX DUE CITY:	(D - E)	F:	_____

LATE RETURNS

AMOUNT FROM LINE D ABOVE:		G:	_____
INTEREST:	(G x.01x No. of Months)	H:	_____
LATE PENALTY:		I:	25.00
AMOUNT DUE TO CITY:	(G + H + I)	J:	_____

DELIVER TO: CITY OF HAYWARD, PO BOX 969, HAYWARD, WI 54843

_____ DATE: _____

Authorized Signature

_____ DATE: _____

Received by City