



Door County Tourism Zone Commission Monthly Room Tax Report

Please Note:

1. Your report and room tax remittance are due by the end of the month following the month addressed by the report. You must file even if your monthly room sales were \$0.
2. You may copy this form as needed or download an original from our website.
3. For further information or to file online, visit www.doorcountytourismzone.com
4. **PLEASE DO NOT SEND CORRESPONDENCE WITH THIS REPORT**
Any and all communication should be directed to info@doorcountytourismzone.com

Lodging Establishment

Report Month and Year: _____

Permit Number: _____

Lodging Name: _____

Lodging Address: _____

Owner Mailing Address: _____

Check if new

Contact Information

Reported completed by: _____

e-Mail: _____

Phone: _____

Signature: _____ Date: _____

The signatory attests to the accuracy of all of information in this report.

Check if this report is the last filing for the year.

INSTRUCTIONS

1. When paying by check, please use black ink and do not staple. Our bank deposit procedures requires this approach. Thank you!
2. The monthly report form must be filled out completely.
3. Make check payable to Door County Tourism Zone Commission. There is a \$35 fee for returned checks.
4. Send your check and this report to:
Door county Tourism Zone Commission
Post Office Box 55
Sister Bay, WI 54234
5. Should you need assistance completing this report or have questions regarding the reporting requirements, please contact the Commission at 920-854-6200 or by e-Mail at info@doorcountytourismzone.com

Tax Calculation

1 Total Available Rental Units This Month: _____
(Number of Units Available x Days Open)

2 Number of Rented UnitDays This Month: _____
(Ex. Rm # 1 @ 20 days + Rm # 2 @ 15 days = 35)

3 Total Lodging Sales This Month: \$ _____

4 Total Exemptions and Exempt Sales: \$ _____
(Claim tax exempt lodging sales in this field)
Exempt Entity's WI Certificate of Exempt Status Number: _____

(If additional room is needed, please attach a page to report additional CES #'s)

5 Net Taxable Sales (Total Lodging Sales minus Total Exemptions and Exempt Sales): \$ _____

6 Total Tax at the Current 5.5% rate (Net Taxable Sales x 0.055) \$ _____

Late Filing Penalty and Interest

7 Late Filing Fee if Applicable: \$ _____
Less than 30 days late = \$25
More than 30 days late = the greater of \$25 or 25% of tax due

8 Interest on Late Payment if Applicable (1% per month): \$ _____

9 Total Late Filing Fees and Interest: \$ _____

10 **Total Credits to be applied to tax owed** \$ _____

Total Amount Due

11 Total Amount Due (Sum of Total Tax and Any Late Filing Penalty and Interest Due): \$ _____

Delinquent Room Tax returns shall be subject to a minimum twenty-five dollar (\$25) late filing fee. The tax shall become delinquent if not paid by the due date of the return. A forfeiture of twenty-five percent (25%) of the room tax due or five thousand dollars (\$5,000.00) whichever is less, of the tax imposed, is hereby established and due and owing in the event that the room tax is not paid within thirty (30) days after the due date of the return. In addition to this forfeiture, all unpaid taxes under this Agreement shall bear interest at the rate of one percent (1%) per month from the due date of the return until received and deposited by the Commission.



Door County Tourism Zone Commission Monthly Room Tax Report Instructions

Please fill out each month on an individual form - do not combine months!

- Line 1 The number of rental units available for rent during the report month multiplied by the number of days in the report month.
- Line 2 The number of nights rented for your property. Note: You must file a report even if your property had no rentals.
- Line 3 Actual gross receipts for all lodging, including lodging sold as part of a lodging package. This total should not include any sales or room tax.
- Line 4 ***DOCUMENTING SALES OF LODGING TO EXEMPT ENTITIES OR THEIR EMPLOYEES***
In general, sales of lodging services are subject to Wisconsin sales tax. An exemption applies however, for sales of lodging services to exempt entities that furnish appropriate documentation to the seller.
Lodging Service Provider Paid Directly by Exempt Entity
The sale is exempt from sales tax if all of the following three conditions are met:
1. The invoice or billing document is in the name of the exempt entity.
2. The lodging provider receives any of the following from the exempt entity:
• A purchase order or similar document.
• A fully completed Form S-211 or Form S-211 –SST
• The exempt entity's Wisconsin Certificate of Exempt Status (CES) number which should be entered on the provider's copy of the invoice or billing document and provide information on the monthly room tax report (line4)
The lodging provider keeps a copy of each of the documents indicated to substantiate the sale was exempt.

Lodging Service Provider Paid by Exempt Entity Employee
The sale is exempt if the following conditions are met:
1. The employee provides a letter or other document issued by the exempt entity which identifies the employee, states the employee is traveling on business for the entity or organization, and indicates the employee will be reimbursed by the entity or organization for the lodging.
2. The lodging provider issues the invoice or other billing document for the lodging in the name of the exempt entity. The billing may also include the employee's name,
3. The lodging provider receives any of the following from the exempt entity:
• A purchase order or similar document.
• A fully completed Form S-211 or Form S-211 –SST from the exempt entity.
• The exempt entity's Wisconsin Certificate of Exempt Status (CES) number which should be entered on the provider's copy of the invoice or billing document and provide information on the monthly room tax report (line4)
The lodging provider keeps a copy of the documents indicated to substantiate the sale was exempt.
Additional information about the sales tax treatment of lodging services is provided in Publication 219, Hotels, Motels and Other Lodging Providers.
- Line 5 Subtract line 4 from line 3
- Line 6 The total of Line 5 multiplied by 5.5%
- Line 7 If filing is less than thirty (30) days past due please add \$25
If the filing is more than thirty (30) days please add the greater of \$25 or 25% of the room tax due
- Line 8 Interest due at the rate of 1% per month on the unpaid room tax due
- Line 9 Add lines seven and eight
- Line 10 Do you have any credits? If so enter the amount on this line.
- Line 11 Total amount due - add lines six and nine. Less credit amount from line 10 (if applicable)