



DOOR COUNTY TOURISM ZONE MONTHLY ROOM TAX REPORT

Make duplicate copies as needed or download from our website.
**REPORT AND REMITTANCE DUE BY THE END OF THE MONTH
FOLLOWING THE REPORTING MONTH**
Further information & online filing: www.doorcountytourismzone.com

Sep 09

PERMIT NUMBER:

NAME OF LODGING PROPERTY:

PHYSICAL ADDRESS:

POSTAL ADDRESS: Please check if this is a
new mailing address.

MUNICIPALITY LOCATED IN:

**PRINT NAME OF INDIVIDUAL COMPLETING
THIS RETURN:**

SIGNATURE OF INDIVIDUAL FILING REPORT

DATE FILED _____

PHONE #: _____

E-MAIL: _____

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

REPORTING MONTH AND YEAR:

**TOTAL AVAILABLE RENTAL UNITS
DURING MONTH OF REPORT:** (number of rental
units in the facility multiplied by the days in the month or
days the facility was open)
Example: (15 units X 31 days = 465 unit days)

**NUMBER OF UNIT DAYS RENTED DURING
MONTH OF REPORT:**

Example: (The 15 units were rented for a total of 260 days
in the 31 day period) NOTE: You must file a report even
if your lodging sales were \$0 for the month.

TOTAL LODGING SALES FOR MONTH:

\$ _____

LESS EXCEPTIONS AND EXEMPT SALES:

\$ _____

NET TAXABLE SALES:

\$ _____

x 5.5% =

\$ _____

\$ _____ Late Filing Penalty \$25.00

\$ _____ Late Interest 1% per month

\$ _____ **TOTAL DUE**

**PENALTIES SUBSTANTIALLY INCREASE IF
MORE THAN 30 DAYS LATE. There is an
additional \$35 fee for returned checks.**

Please check box if this is the last filing
for the calendar year.

MAKE CHECK PAYABLE AND REMIT REPORT TO:

DOOR COUNTY TOURISM ZONE COMMISSION, PO Box 55, SISTER BAY, WI 54234

For assistance completing this report or questions regarding the reporting requirements, calculations, etc. please contact the
Commission at 920-854-6200 or by e-mail: DCTourismZoneCommission@gmail.com

**When paying by check, please use BLACK INK and DO NOT STAPLE; our bank deposit procedures
are specific and work best when these instructions are followed. Thank you!**