



City of Wauwatosa
City Attorney
7725 W. North Avenue
Wauwatosa, WI 53213
(414) 479-8905

City Attorney

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Room Tax Worksheet
City of Wauwatosa

Answer all questions completely. Please type or print. Return completed application and payment made to "City of Wauwatosa" by the 30th day of the month following the month covered by this return. Payments made after that date are subject to a \$10.00 per day penalty, plus interest rate of 12% per year in accordance with Wauwatosa Municipal Code sec. 3.16.040.

Mailing address: City Attorney's Office
7725 W. North Avenue
Wauwatosa, WI 53213

Name of Person or Establishment: _____

Address of Person or Establishment: _____

WI Sellers Permit No.: _____

1. Number of rooms/units available for rent: _____

2. Receipts from room rent only: Total \$ _____

3. Percent of non-transient occupancy (over 30 days): _____ %

4. Average rate for occupied rooms: \$ _____

5. Period being reported (by month): _____

6. Names of online marketplace lodging: _____

7. City Room Tax of 7% of gross receipts (from Line #2): \$ _____

Total due to City of Wauwatosa: \$ _____

I hereby certify that the answers to the above statements are correct to the best of my knowledge and belief.

Signature of owner or authorized agent: _____

Mailing Address: _____

Date: _____