



Village of Sussex Hotel/Motel Monthly Room Tax Report Form

FROM: _____ MONTH ENDING: _____

_____ GROSS ROOM RECEIPTS: \$ _____

PHONE: _____ LESS EXEMPT RECEIPTS: \$ _____

EMAIL: _____ TOTAL ROOM RECEIPTS
SUBJECT TO ROOM TAX: \$ _____

FOR: _____ X 5%
(Name of Hotel/Motel/VRBO)

AT: _____ TOTAL TAX DUE TO VILLAGE \$ _____
(Street Address)
SUSSEX, WI 53089

*Note: Payment with monthly report-form is due and payable by the twentieth day of the succeeding month.
(Example: January payment is due by February 20th, etc.)*

MAKE CHECKS PAYABLE TO:
MAIL YOUR PAYMENT TO:

VILLAGE OF SUSSEX
SUSSEX CIVIC CENTER
ATTN: VILLAGE TREASURER
N64 W23760 MAIN STREET
SUSSEX, WI 53089

I hereby certify that the information supplied hereon is accurate to the best of my knowledge and belief.

(Signature of owner or authorized agent)

Title

(Date)

.....
(Village Treasurer's Use Only)

Amount Received _____

Date Received _____