



# Town of Monroe

981 County Rd Z  
Arkdale, WI 54613  
Phone: 608-564-7271  
Fax: 608-564-2283



## Room Tax REMITTANCE FORM

TownOfMonroe@mwwb.net

[www.TownOfMonroeAdamsCoWI.com](http://www.TownOfMonroeAdamsCoWI.com)

DATE: \_\_\_\_\_

**Business Contact Info**

Town of Monroe  
RoomTaxPermit # \_\_\_\_\_

Name of Business \_\_\_\_\_

Phone # \_\_\_\_\_

**Loc #** Location Name: \_\_\_\_\_

Location address: \_\_\_\_\_

CHECK/CASH/DEBIT OR CREDIT

Mailing address: \_\_\_\_\_

Choose method of payment

Email Address: \_\_\_\_\_

<b>QUARTER Ending:</b>	3/31	6/30	9/30	12/31
Check Box:				

1.	Gross Receipts	\$ _____
2.	Non-Transient room Receipts	\$ _____
3.	Non-Taxable room Receipts *	\$ _____
4.	Taxable room Receipts	\$ _____
	Line 1 - Line 2 - Line 3	\$ _____
5.	GROSS TAX: 5% of Line 4	\$ _____
6.	Delinquent filing fees/penalties	\$ _____
	<b>TOTAL ROOM TAX DUE for Quarter:</b>	Line 5 + Line 6 _____

\* **NOTE:** Non-Taxable Room receipts are for government, schools, religious and other non-taxable entities. (See Wis. §66.0615 (2M) §77.54 (9a))

**HANDLING OF FORMS AND PAYMENTS**

1. **Payment DUE:** On the last day of the month *following* the quarter being reported. See Room Tax Ordinance on website for "Monroe Ordinance Number 2021-1" for late Penalties and Interest Percentages
2. **MAIL:** Print & mail completed Remittance Form & Payment to: Town of Monroe, Treasurer at above address
3. **WEBSITE:** Submission of this Form & Payment can all be done electronically if desired from site
4. **CREDIT/DEBIT CARD:** Go to Allpaid.com, use Code "a0055w" or use the link on our website
5. **NOTIFY TREASURER:** Email (see below) any changes in Business name, address or the addition of any location

Submitted by (Print): \_\_\_\_\_ Signature \_\_\_\_\_