CITY OF HUDSON

505 THIRD ST, HUDSON WI

Quarterly 3% Room Tax

Computation and Remittance Form for 1st Quarter 2024

Company Name: _____

	Gross Receipts	Exempt Receipts (Note A)	Balance
January 2024			$0.00
February 2024			$0.00
March 2024			$0.00
Total	$0.00	$0.00	$0.00
		Total Room Tax Due (3% of Total Balance)	$0.00

Note A-Receipts from Organizations exempt from Wisconsin Sales Tax per Hudson Municipal Code 218, Article II and Wisconsin State Statute 77.52 (2) (a).

I certify that the above figures are true and correct.

Dated this _____ day of _____, 2024.

_____

Owner/Agent Signature

Contact Name: _____

Phone Number and/or email: _____

Please forward this report to the City of Hudson, Attn City Treasurer, 505 3rd St, Hudson WI 54016, on or before April 30, 2024. Please make check payable to City of Hudson.

Please return this form with Payment.

For City Use Only			
Receipt #:		**Date:**	

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CLEAR