

CITY OF PEWAUKEE

W240 N3065 Pewaukee Road
Pewaukee, Wisconsin 53072
(262) 691-0770

MONTHLY OVERNIGHT LODGING TAX RETURN

Name of Establishment: _____

Address: _____

For the Month of: _____

1. Gross receipts from renting or leasing
Accommodation rooms or lodging: \$ _____

2. Lodging Tax due City of Pewaukee
(Multiply Line 1 by 0.08) \$ _____

Mail your check in the amount shown on Line 2, made payable to the City of Pewaukee.

A copy of your Wisconsin State and County Sales and Use Tax Return (Form ST-12) must accompany this return.

Returns and Taxes shall be submitted by the 15th day following the end of the prior month. Delinquent payment shall be subject to a \$10.00 Late File Fee in addition to interest of one percent per month set forth in Subsection 5 of Section 2.13 of the City Codes and Ordinances.

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

Signature of Hotel/Motel/Bed & Breakfast
Owner or Authorized Agent

Date

Title

Contact Number