



**CITY OF NEW RICHMOND  
QUARTERLY 5% ROOM TAX  
COMPUTATION AND REMITTANCE FORM**

**COMPANY NAME:**

**NAME OF PERSON COMPLETING REPORT:**

**ADDRESS:**

**QUARTER:**

Gross Receipts (Room Tax Revenue)

Less – Organizations exempt from Wisconsin Sales Tax

Balance

5% Room Tax (multiply balance above by 5%)

**Total Room Tax Due**

**PLEASE MAKE CHECK PAYABLE TO CITY OF NEW RICHMOND**

MAIL TO:      City of New Richmond  
                         Attn: Treasurer  
                         156 E First Street  
                         New Richmond WI 54017

Please remit on or before 30 days following close of above quarter.

I certify that the above figures are true and correct.

Date:

Signature:

Print/Type Name:

*For Office Use Only:*

Receipt #

Date:

***(please return this form with payment)***