



**Room Tax Collection Form**  
Quarterly Collection Form

**APPLICANT INFORMATION**

Name of Establishment:		Phone Number:	
Address:	City:	Zip:	
Email:			

**REPORTING PERIOD ( check one)**

**Reporting Period**

Year – 20\_\_

- 1<sup>st</sup> Quarter ( January 1- March 31) – *due April 30<sup>th</sup>*
- 2<sup>nd</sup> Quarter ( April 1 – June 30) – *due July 31<sup>st</sup> \*\*See note below\*\**
- 3<sup>rd</sup> Quarter ( July 1 – September 30) *due October 31<sup>st</sup>*
- 4<sup>th</sup> Quarter (October 1 – December 31<sup>st</sup>) *due January 31<sup>st</sup>.*

**CALCULATION OF TAX**

Line 1: Gross Receipts	\$ _____
Line 2: Gross Tax (8% of Line 1)	\$ _____
Line 3: Total Tax Due	\$ _____

**\*All checks should be made payable to the Village of McFarland.**

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Return received:
Receipt #:

\*\* A copy of the Hotel/Motel/Tourist Rooming House License issued by Public Health Madison and Dane County effective July 1<sup>st</sup> of the current calendar year must be submitted with the 2<sup>nd</sup> Quarter filing. For more information visit:

<https://www.publichealthmdc.com/environmental-health/licensing-permits/places-to-stay/short-term-rentals>\*\*