



**CITY OF БЕЛОИТ  
HOTEL-MOTEL ROOM TAX  
QUARTERLY TAX RETURN**

Quarterly Report for  
 Quarter Ending June 30, 2022  
 Payment Due By July 31, 2022

Hotel/Motel Name: \_\_\_\_\_  
 Lodging Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Permit #: \_\_\_\_\_

If all income is from non-transient guests (stay over 30 consecutive days),  
 check box, sign and return this form.



<b>1. Gross Lodging Sales:</b> Report ALL lodging revenue from all revenue sources (direct bookings and Lodging Marketplace Providers)	<b>1</b>	\$
<b>2. Less:</b>		
a. Sales for which you received exemption certificates (Line 2 ST-12) (stay over 30 consecutive days)		\$
c. Receipts from Sources other than Room Rent (Line 3 ST-12)		\$
Total Allowable Deductions (sum lines 2a+2b+2c)	<b>2</b>	\$
<b>3. Total Taxable Room Rent</b> (line 1 minus line 2)	<b>3</b>	\$
<b>4. Less marketplace provider taxable room rent</b> (if greater than zero, complete report on back)	<b>4</b>	\$
<b>5. Hotel Room Rent Liability</b> (line 3 minus line 4)	<b>5</b>	\$
<b>6. City of Beloit Room Tax at 8%</b>	<b>6</b>	<b>.08</b>
<b>7. NET TAX DUE</b> (sum line 5 and line 6)	<b>7</b>	\$

*\*Attach copies of Wisconsin State Sales Tax Returns (Form ST-12) with remittance copy per City Ordinance 3.15(4)*

*\*Persons failing to comply with the provisions of City Ordinance 3.15(2) will be subject to penalties as provided in City Ordinance 3.15(5)*

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

**Signature of Owner or Authorized Agent:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MAIL FORM & CHECK PAYABLE TO CITY OF БЕЛОИТ TREASURER TO:**

City of Beloit Accounting Dept  
 ATTN: Lisa White  
 100 State Street  
 Beloit WI 53511

**QUARTERLY ROOM TAX CALCULATION**

**TAXABLE ROOM RENT BY MARKETPLACE PROVIDERS REPORT**

List all marketplace providers used by your hotel, and their taxable room rent liability for the month reported on the front of this form. A marketplace provider is defined as any person who facilitates a retail sale by a seller by listing or advertising for sale by the seller, in any manner, tangible personal property, or items, property, or goods under Wisconsin s. 77.52 (1), or a service specified under Wisconsin s. 77.25 (2).

If no marketplace rentals were received, insert N/A on line 1.

Marketplace Provide Name	Marketplace Provider Taxable Room Rent Total
<i>Example: Expedia</i>	<i>\$1,500.00</i>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
<b>Total:</b>	

Note: The above "marketplace provider taxable room rent" column total should match the "less marketplace provider taxable room rent" field (line 4) on the front of this form.