

CITY OF LAKE GENEVA

ROOM TAX RECEIPTS ANNUAL REPORT



PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE REPORTS WILL BE REJECTED. THIS REPORT MUST BE RETURNED TO THE CITY TREASURER ON OR BEFORE THE 30TH DAY AFTER THE CLOSE OF THE CALENDAR YEAR.

Owner or Operator Name: _____
Last
First
Middle

Business Name: _____

Mailing Address: _____

Phone: _____

E-mail Address: _____

MONTH	DUE	AMOUNT
January	February 28	\$ _____
February	March 31	\$ _____
March	April 30	\$ _____
April	May 31	\$ _____
May	June 30	\$ _____
June	July 31	\$ _____
July	August 31	\$ _____
August	September 30	\$ _____
September	October 31	\$ _____
October	November 30	\$ _____
November	December 31	\$ _____
December	January 31	\$ _____

OPERATOR'S SIGNATURE

_____ DATE: _____

*Complete and Submit to:
City Treasurer, City of Lake Geneva, 626 Geneva Street, Lake Geneva, WI 53147*