

Make Duplicate Copies as needed.

[\(back\)](#)

**DOOR COUNTY TOURISM ZONE
MONTHLY ROOM TAX REPORT**

NAME OF LODGING PROPERTY:

PERMIT NUMBER:

PHYSICAL ADDRESS:

POSTAL ADDRESS: **Please check if this is a new mailing address.**

MUNICIPALITY LOCATED IN:

REPORTING MONTH AND YEAR:

TOTAL AVAILABLE RENTAL UNITS DURING MONTH OF REPORT: (number of rental units in the facility multiplied by the days in the month or days the facility was open)

(15 units X 31 days = 465 unit days)

NUMBER OF UNIT DAYS RENTED DURING MONTH OF REPORT:

(The 15 units were rented for a total of 260 days in the 31 day period)

TOTAL LODGING SALES DURING MONTH OF REPORT:

\$ _____

x 5.5% =

\$ _____

Attach a check or money order in the above amount to this form payable to:

Door County Tourism Zone Commission

If there are exemptions to the collection of room tax in 2007 please explain the exemptions and provide copies of binding contracts that justify the exemption.

Please check if this filing is the last for the calendar year.

PRINT NAME OF INDIVIDUAL COMPLETING THIS RETURN:

SIGNATURE OF INDIVIDUAL FILING REPORT

DATE FILED

PHONE #: _____

EMAIL: _____

The undersigned attests to the accuracy of all information contained in this report.

REMIT REPORT AND TOTAL ROOM TAX DUE TO:

DOOR COUNTY TOURISM ZONE COMMISSION

P.O. BOX 55

SISTER BAY, WI 54234

For assistance completing this report or questions regarding the reporting requirements, calculations, etc. please contact the Commission at 920-854-6200 or by email at DCTourismZoneCommission@gmail.com