

**Town of Wilson
Annual Calendar Year Return**

Every person required to file quarterly returns shall also file an annual calendar year return within 90 days of the close of each calendar year. The annual return shall summarize and reconcile the quarterly returns. Mail the completed return to the Treasurer, 5935 South Business Drive, Sheboygan, WI 53081

Annual Report for Quarters Ending Month of:

March _____ June _____ September _____ December _____ **Year:** _____

Business Name: _____
 Address: _____
 Owner/Manager Name _____
 Owner/Manager Signature _____
 Owner/Manager Phone: _____
 Owner/Manager Email: _____
 Date: _____

Enter annual total of all quarters reported and totals of all actual annual amounts.

COMPLETE ALL SECTIONS	Total of Quarters Reported	Actual Annual Totals
1. Gross Room Receipts	\$ _____	\$ _____
2. Deduct Non-transient room receipt		
3. Deduct Tax Exempt Receipts	\$ _____	\$ _____
4. Taxable Room Receipts	\$ _____	\$ _____
5. Gross Tax: 8% of Line 3	\$ _____	\$ _____
6. Delinquent filing fees paid & interest	\$ _____	\$ _____
7. Total Tax Payable (Line 4 + Line 5)	\$ _____	\$ _____
8. Additional Tax Due if Actual exceeds Reported (Payment to accompany this report)	\$ _____	
9. Credit on Tax Due if Reported exceeds Actual (To be credited on next quarterly return)	\$ _____	

This annual return shall summarize the quarterly returns, reconcile and adjust for errors in the quarterly returns and shall contain certain such additional information as the Town Treasurer requires, provided it is directly related to the tax. Such annual returns shall be made on forms prescribed by the Town Treasurer. All annual returns shall be signed by the person required to file a return, or his duly authorized agent, but need not be verified by oath.