



Town of Fulton

**ROOM TAX MONTHLY RETURN** (Due by the 20th of the following month)

BUSINESS/OWNER NAME		
PROPERTY ADDRESS		
MAILING ADDRESS	FOR MONTH ENDING	,20__

GROSS RECEIPTS FOR THE MONTH (ALL SALES) \$ \_\_\_\_\_

LESS: RECEIPTS FROM SOURCES OTHER  
THAN ROOM RENT \$ \_\_\_\_\_

LESS: RENT RECEIVED FROM NON-TRANSIENT GUESTS  
(STAY OVER 30 CONSECUTIVE DAYS) \$ \_\_\_\_\_

LESS: RENTS BILLED DIRECTLY TO GOVERNMENTAL  
UNITS \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**STOP HERE IF TOTAL EQUALS ZERO** Stop here if Zero

TAXABLE ROOM RENT \$ \_\_\_\_\_

TOWN OF FULTON ROOM TAX AT 5% X .05

TOTAL ROOM TAX \$ \_\_\_\_\_

LESS: 2% RETAINED BY MERCHANT /OWNER \$ \_\_\_\_\_

AMOUNT DUE TO TOWN OF FULTON \$ \_\_\_\_\_

Make checks payable to the:  
**Town Clerk/Treasurer**  
**Town of Fulton**  
**2738 W Fulton Center Dr.**  
**Edgerton, WI 53534**

Persons failing to comply with the provisions of the enabling Town ordinance will be subject to penalties as provided.

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

**\*\*If Zero report, form may be emailed to: [fultonclerk@townoffulton.com](mailto:fultonclerk@townoffulton.com)**

Signature of Owner and Authorized Agent: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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