

**CITY OF PORTAGE  
HOTEL AND MOTEL ROOM TAX  
MONTHLY RETURN**

Hotel/Motel Name: \_\_\_\_\_ Mo/Yr Ending: \_\_\_\_\_

Estimated Taxable Room Receipts: \_\_\_\_\_

Room Tax Rate (6%): \_\_\_\_\_

Total Tax Due: \_\_\_\_\_

Deduct 2% discount: \_\_\_\_\_

Calculated Discount: \_\_\_\_\_

**Total Amount Due to City:** \_\_\_\_\_

**A State Sales Tax Return must be filed along with this receipt.**

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

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Make check payable to: City of Portage

Mail payment to: City of Portage, Treasurer  
115 W. Pleasant St.  
Portage, WI 53901

**\*\*\* NEW OWNERS \*\*\***

**You must first apply for a Hotel/Motel License with the City Clerk before starting operation.**