

TOWN OF LAPOINTE
P.O. BOX 270
LAPOINTE, WISCONSIN 54850

ACCOMMODATIONS TAX ANNUAL RETURN

Report for Calendar Year Ending _____

Permit Number _____

Business Name _____

Business Address _____

1st Quarter Total _____

2nd Quarter Total _____

3rd Quarter Total _____

4th Quarter Total _____

Signed: _____ Date: _____

NOTE: This annual return is due on or before 30 days after the last day of the calendar quarter.