

**TOWN OF CALEDONIA
ROOM TAX REPORT**

Quarter Ending _____

Permit Number _____

Date Filed _____

The Quarterly Room Tax Report is due with the payment of the Room Tax the last day of the month next succeeding the calendar quarter for which it is imposed.

Name of Establishment _____

Address _____

Gross Earnings \$ _____

Deductions \$ _____
(Explain)

Sub-Total \$ _____

Multiply by \$ _____ X .04
Four Percent

Gross Tax \$ _____

Penalty \$ _____

Interest \$ _____

Total Due \$ _____
Town of Caledonia

Signed _____

Dated _____

Please return the original copy with your remittance and retain the second copy for your records.

Mail To: Caledonia Town Treasurer