

## TAX PAYMENTS

**IN FULL & 1<sup>st</sup> INSTALLMENT:** Payable to the Town of Little Suamico by **January 31, 2021.**

Payments must be mailed to: 5964-A County Road S, Sobieski, WI 54171

*We encourage you to mail your payment, by check or money order to the Town of Little Suamico Treasurer.*

**SECOND INSTALLMENT:** Payable to Oconto County Treasurer by **July 31, 2021**

Payments must be mailed to: 301 Washington Street, Oconto, WI 54153

*The Town of Little Suamico cannot accept 2<sup>nd</sup> Installment Payments.*



### HOURS OF TAX COLLECTION

**ALL 2020 tax bill payments, Dec 2020 and Jan 2021 collection, will be by MAIL and DROP SLOT ONLY.**

The Townhall mailing address is listed above.

### DID YOU RECEIVE YOUR LOTTERY & GAMING CREDIT????

If you do not have a Lottery & Gaming credit on your tax bill you may still be eligible!

*To Qualify:*

You must own a home in Wisconsin AND your home must have been occupied as a PRIMARY residence on January 1, 2020.

1. A primary residence is the home in which a property owner lives for more than six months of the year.
2. If temporarily away, a primary residence is the home to which the owner returns.

If you feel you qualify for the credit, and there is not a lottery credit on your tax bill, contact the Treasurer's Office at 5964 County Road S, or 826-7655, prior to January 31, 2021. Do NOT adjust your tax payment without speaking to the Treasurer. Proper forms must be filed.

### RECEIPTS

Receipts will be dated the date on which the monies are physically received at the Treasurer's office. If you require a receipt, **enclose a business-size SASE** along with your tax stub and payment. A receipt will **NOT** be provided unless a SASE is included.

### CASH PAYMENTS

The Town of Little Suamico discourages cash payments! Payment should be by check or money order to the Town of Little Suamico, Treasurer. Cash payments must be made in the exact amount.



### REFUNDS

No refund is given, unless overpayment exceeds \$5 or is requested in writing per Resolution 2017-7. Refund checks will be issued within fifteen (15) business days. If you require a refund, **enclose a business-size SASE** along with your tax stub and payment.

### DOG LICENSING

**All dogs over 5 months of age are to be vaccinated and licensed per the State of Wisconsin.** The fees are: \$3.00 for neutered/spayed and \$8.00 for non-neutered/spayed. In order to avoid the late penalty fee of \$5.00, licenses should be obtained by March 31st. If you become a Town resident after March 31st, the penalty will not apply, if you license your dog within 30 days of establishing residency. Dog owners who fail to license their dogs are subject up to a \$100.00 fine for the 1st offense and up to \$200.00 for the 2nd offense. Licenses can be obtained at the Little Suamico Town Hall or requested by mail, located at 5964-A County Road S, Sobieski, WI 54171. If requested by mail, please **include a business-size SASE, along with proper postage** for the return of the tag(s). When applying for a license, owners **MUST** present a rabies vaccination certificate and proof of sterilization from a licensed veterinarian. **No license will be issued without proper certification, exact payment and a SASE.**

Exact cash payments are acceptable for dog licenses.

**Dog License application can be found on the back side of this letter.**

**DOG LICENSE APPLICATION-Complete all fields**

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ **Include a Business-size SASE for tag return by mail**

**Required-Submit annually-copy of Rabies Vaccination paper**

# of Male \_\_\_\_\_ @ \$8.00 = \$ \_\_\_\_\_ # of Neutered Male \_\_\_\_\_ @ 3.00 = \$ \_\_\_\_\_

# of Female \_\_\_\_\_ @ \$8.00 = \$ \_\_\_\_\_ # of Spayed Female \_\_\_\_\_ @ 3.00 = \$ \_\_\_\_\_

# of Multi Dog License (up to 12 tags) \_\_\_\_\_ @ \$ 35.00 = \$ \_\_\_\_\_

**\*\*After March 31<sup>st</sup>, add \$5.00 late fee per dog**

1) Name of Dog \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Breed \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color \_\_\_\_\_

Rabies vaccination-Date Given (MM/DD/YYYY) \_\_\_\_\_

Rabies vaccination-Date Expired (MM/DD/YYYY) \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

2) Name of Dog \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Breed \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color \_\_\_\_\_

Rabies vaccination-Date Given (MM/DD/YYYY) \_\_\_\_\_

Rabies vaccination-Date Expired (MM/DD/YYYY) \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

3) Name of Dog \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Breed \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color \_\_\_\_\_

Rabies vaccination-Date Given (MM/DD/YYYY) \_\_\_\_\_

Rabies vaccination-Date Expired (MM/DD/YYYY) \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

Office  
Use  
Only

Cash  
\$ \_\_\_\_\_

Ck  
# \_\_\_\_\_

Ck  
\$ \_\_\_\_\_

Ck Name  
\_\_\_\_\_

Late Fee  
Y or N

1) Tag #

\_\_\_\_\_

2) Tag #

\_\_\_\_\_

3) Tag #

\_\_\_\_\_