

Form **ST-12**

Wisconsin
Department of Revenue

**Wisconsin Sales and Use
Tax Return**

State, County and Stadium Sales and Use Tax



Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Tax Account Number
		FEIN / SSN
		Due Date (MM DD YYYY)

Attention		
Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Use BLACK INK Only

- Check if business discontinued (enter discontinuation date below)
_____ (MM DD YYYY)
- Check if address or name change (note changes at left)
- Check if this is an amended return
- Check if correspondence is included

Step A Sales Tax – State

1	Total sales	1	_____
Subtractions from total sales:			
2	Sales for which you received exemption certificates	2	_____
3	Sales of exempt property and services (sales that occurred outside Wisconsin, real property, groceries and highway fuel, etc.)	3	_____
4	Sales returns, allowances, and bad debts	4	_____
5	Other (sales tax included in line 1, etc.)	5	_____
6	Total subtractions (add lines 2 through 5)	6	_____
7	Sales subject to state sales tax (subtract line 6 from line 1)	7	_____
8	State sales tax (line 7 x .05)	8	_____

Step B Sales Tax – County and Stadium

C O U N T Y	To report county sales tax for more than 4 counties, leave lines 9-12 blank, and complete and enclose Schedule CT.	<u>County Code</u> <i>(see instructions)</i>	<u>County Name</u> <i>(first 5 letters)</i>	<u>Sales Subject to County Sales Tax</u>
		9a _____	9b _____	9c _____
		10a _____	10b _____	10c _____
		11a _____	11b _____	11c _____
	To obtain a Sch. CT, call (608) 266-1961 or go to www.revenue.wi.gov	12a _____	12b _____	12c _____
13 Total sales subject to county sales tax (add lines 9c through 12c OR enter total from Sch CT, Col 1) . . . 13 _____				
14 County sales tax (line 13 x .005) 14 _____				
<u>Sales Subject to Stadium Sales Tax</u>				
S T A D I U M	15 Baseball stadium district taxable sales (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	15a _____	x .001 =	15b _____
	16 Football stadium district taxable sales (Brown County)	16a _____	x .005 =	16b _____

Step C Sales Tax Before Discount

17	Total sales tax (add TAX amounts from lines 8, 14, 15b and 16b)	17	_____
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Step D Discount and Net Sales Tax

- 18 Total sales tax (fill in amount from line 17) 18 _____
- 19 Discount - Applies only if return is filed and tax is paid by due date $\left\{ \begin{array}{l} \text{If line 18 is } \$0 \text{ to } \$10, \text{ enter the amount from line 18.} \\ \text{If line 18 is } \$10 \text{ to } \$2,000, \text{ enter } \$10. \text{ If line 18 is greater} \\ \text{than } \$2,000, \text{ multiply line 18 by } .005 \text{ and enter the result.} \end{array} \right\}$ 19 _____
- 20 Net sales tax (subtract line 19 from line 18) 20 _____

Step E Use Tax – State

- 21 Purchases subject to state use tax 21a _____ x .05 = 21b _____

Step F Use Tax – County and Stadium

		County Code <i>(see instructions)</i>	County Name <i>(first 5 letters)</i>	Purchases Subject to County Use Tax
C O U N T Y	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a _____	22b _____	22c _____
		23a _____	23b _____	23c _____
	To obtain a Sch. CT, call (608) 266-1961 or go to www.revenue.wi.gov	24a _____	24b _____	24c _____
		25a _____	25b _____	25c _____

- 26 Total purchases subject to county use tax (add lines 22c through 25c OR enter total from Sch CT, Col 2) . . 26 _____
- 27 County use tax (line 26 x .005) 27 _____

		Purchases Subject to Stadium Use Tax	
S T A D I U M	28 Baseball stadium district taxable purchases (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	28a _____	x .001 = 28b _____
	29 Football stadium district taxable purchases (Brown County)	29a _____	x .005 = 29b _____

Step G Total Amount Due

- 30 Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b) . . . 30 _____
- 31 Interest 31 _____
- 32 Late filing fee (\$20.00) and negligence penalty 32 _____
- 33 Total amount due (add lines 30 through 32) 33 _____

Step H Signature and Mailing Information

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Contact Person (please print clearly)	Phone Number	Signature	Date
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Mail to:

**Wisconsin Department of Revenue
PO Box 930389
Milwaukee WI 53293-0389**

For tax questions, call
(608) 266-2776

