Important -- to ensure this form works properly, save it to your computer before completing the form.

Save Print Clear

Form **LC-220**

Manufactured / Mobile Home Municipal Permit
Wisconsin Lottery and Gaming Credit Application

2020

Due date: Jan. 31, 2020

If you are an owner of a manufactured/mobile home (unit) subject to a monthly municipal permit fee, you may qualify for a Lottery and Gaming Credit, which will reduce monthly municipal fees for **2020**.

Who can claim this credit?

- **You may claim this credit on your monthly municipal permit fee if both apply:**
  - You were the owner of the unit described below on January 1, 2020
  - You use the unit as your primary residence
- **You cannot claim –** if the unit is not your primary residence. You can have only one primary residence. You cannot claim the credit on business property, rental units, land, garages or other properties that are not your primary residence. A non-Wisconsin resident cannot claim this credit.
- **Note:** If you do not qualify for this credit, do not return this form

Filing deadline – January 31, 2020

To claim this credit, you must submit this completed form to your **Municipal Treasurer on or before January 31, 2020.** Your Municipal Treasurer will calculate the monthly credit and deduct it from your monthly municipal permit fee.

Questions? – if you have questions on the Lottery and Gaming Credit, contact your Municipal Treasurer or the Wisconsin Department of Revenue at (608) 266-9457, (608) 266-0772, or lgs@wisconsin.gov.

2020 Lottery and Gaming Credit Claim – *if you do not qualify for the credit, do not return this form*

Unit address

_____

_____

_____

_____

Lot/Account number _____

☐ Town
☐ Village
☐ City
} _____

County of _____

I attest, under penalty of law, that as of January 1, 2020, I was an owner of the unit described above and that as of that date I used the unit as my primary residence. I understand that I must notify the municipal treasurer within 30 days of the date on which I no longer use the unit as my primary residence.

Claimant name *(please print)*	Email address	
Signature	Phone number ( ) -	Date *(mm-dd-yyyy)* - -

For Use By Taxation District Treasurer Only

1. Net fair market value of unit (not to exceed $19,700) . . . . . _____ (1)
2. Equalized value school tax rate of district where unit is located . . . . . _____ (2)
3. Lottery credit *(1) x (2)* . . . . . _____ (3)
4. Monthly credit deduction *(3) ÷ 12 months* . . . . . _____