



Wisconsin Department of Revenue  
 PO Box 8946  
 Madison WI 53708-8946

# LOCAL EXPOSITION TAX RETURN

SS# or FEIN
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For reporting and paying  
 Local Exposition Taxes in: **Wisconsin Center District**

Tax Account Number	Period Begin Date	Period End Date	Due Date

- Check if this is an **AMENDED** return
- Check if address change  
(Note changes on the back of the form)
- Check if business discontinued  
(Note changes on the back of the form)

**For periods beginning  
 on or after 01-01-2011.**

Complete form using **BLACK INK**

**NO COMMAS**

<b>Basic Room Tax</b>	<b>1</b> Taxable Receipts ..... <b>1</b> _____ <b>2</b> Basic Room Tax (multiply Line 1 by _____) ..... <b>2</b> _____
<b>Additional Room Tax</b>	For lodging furnished in: City of Milwaukee <b>3</b> Taxable Receipts ..... <b>3</b> _____ <b>4</b> Additional Room Tax (multiply Line 3 by _____) ..... <b>4</b> _____
<b>Food and Beverage Tax</b>	<b>5</b> Taxable Receipts ..... <b>5</b> _____ <b>6</b> Food and Beverage Tax (multiply Line 5 by _____) ..... <b>6</b> _____
<b>Rental Car Tax</b>	<b>7</b> Taxable Receipts ..... <b>7</b> _____ <b>8</b> Rental Car Tax (multiply Line 7 by _____) ..... <b>8</b> _____
<b>Amount Due</b>	<b>9 TOTAL TAX DUE</b> (add Lines 2, 4, 6 and 8) ..... <b>9</b> _____ <b>10</b> Interest and Penalty ( <i>see instructions</i> ) ..... <b>10</b> _____ <b>11 TOTAL AMOUNT DUE</b> (add Lines 9 and 10) ..... <b>11</b> _____

This return must be filed by the due date, even if you have no tax to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

*I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.*

Contact Name ( <i>please print</i> )	Signature	Date	Phone (     )

FOR DEPARTMENT USE ONLY

**Mail return and remittance to:**

Wisconsin Department of Revenue  
 PO Box 8946  
 Madison WI 53708-8946



Phone: (608) 266-2776  
 E-Mail: DORBusinessTax@revenue.wi.gov  
 Web site: www.revenue.wi.gov

Business Discontinued Date: \_\_\_\_\_  
MM DD YYYY

Please indicate reason for discontinuation:

- Deceased
- Formed LLC
- Incorporated
- Other *(please explain)*
- Merger with \_\_\_\_\_
- Business did not materialize
- No taxable activity
- Partner added
- Partner dropped
- Sold to \_\_\_\_\_

**Mailing Address Change**

Street Address or PO Box		
City	State	Zip code

**Business Location Change**

Street Address		
City	State	Zip code