



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

LOCAL EXPOSITION TAX RETURN

SS# or FEIN

For reporting and paying
 Local Exposition Taxes in: **Wisconsin Center District**

Tax Account Number	Period Begin Date	Period End Date	Due Date
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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 01-01-2011
 through 12-31-2020.**

Complete form using **BLACK INK**

NO COMMAS

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

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 ()
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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@wisconsin.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