

phone: (608) 266-3969 • FAX: (608) 266-5464 • website: revenue.wi.gov

**1. Taxpayer Identification**

Yes  No Are you representing a taxpayer requesting Voluntary Disclosure?

|                                 |       |                           |                      |  |
|---------------------------------|-------|---------------------------|----------------------|--|
| Taxpayer or representative name |       |                           | Taxpayer FEIN or SSN |  |
| Contact name                    |       | Contact title             |                      |  |
| Mailing address                 |       | Telephone number<br>( ) - | FAX number<br>( ) -  |  |
| City                            | State | Zip code                  | Email address        |  |

**2. Type of Entity / Ownership**

- Sole Proprietor  
  Partnership  
  LLC-Taxed as a Partnership  
  LLC-Taxed as a Corporation  
  C-Corp  
  S-Corp  
 Other (*describe*):

**3. Is taxpayer registered with the Wisconsin Department of Financial Institutions (formerly Secretary of State)?**

Yes  No      **If Yes, year:**

**4. Has taxpayer been contacted by the Wisconsin Department of Revenue regarding this liability?**

Yes  No

**5. Does taxpayer's income tax year end on December 31?**

Yes  No      **If No, enter the fiscal year end date:**

**6. Voluntary Disclosure request by tax type**

**Sales and Use Tax**

Yes      Date activity began in Wisconsin:  
 No, explain:       Already filing     Exempt     Other, explain

**Franchise / Income Tax**

Yes      Date activity began in Wisconsin:  
 No, explain:       Already filing     Protected by PL 86-272     Other (please explain)

**Withholding Tax**

Yes      Date activity began in Wisconsin:  
 No, explain:       Already filing     Exempt     Other, explain

**Other Tax Type**

Yes      Date activity began in Wisconsin:  
 No

**7. Describe taxpayer's activity in Wisconsin**

|  |
|--|
|  |
|--|

Years:

**8. List property owned or rented in Wisconsin**

|  |
|--|
|  |
|--|

Years:

**9. Additional information (required)**

1. What is the approximate liability (by tax type) for each of the years?

|  |
|--|
|  |
|--|

2. Has any Wisconsin tax been collected or withheld?

Yes     No    **If Yes**, what is the initial date of collection?

3. Has sales tax been paid to a vendor in error for which a credit is being claimed?

Yes     No

Preparer's Signature – not required if emailed

Date (mm-dd-yyyy)

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