

**Wisconsin Sales and Use  
Tax Return**  
State, County and Stadium Sales and Use Tax

Tax Account Number
FEIN / SSN



Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)
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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.  To obtain a Sch. CT, call (608) 266-1961 or go to www.revenue.wi.gov	County Code	County Name	Sales Subject to County Sales Tax
		(see instructions)	(first 5 letters)	
		9a _____	9b _____	9c _____
		10a _____	10b _____	10c _____
		11a _____	11b _____	11c _____
		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 \_\_\_\_\_

S T A D I U M	15 Baseball stadium district taxable sales (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	Sales Subject to Stadium Sales Tax	
		15a _____	x .001 = 15b _____
	16 Football stadium district taxable sales <b>through 9-30-15</b> (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 \_\_\_\_\_

**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 <b>County</b> Use Tax
<b>C O U N T Y</b>	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 <b>Stadium</b> Use Tax	
<b>S T A D I U M</b>	28 Baseball stadium district taxable purchases (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties) . . . . .	28a _____	x .001 = 28b _____
	29 Football stadium district taxable purchases <b>through 9-30-15</b> (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

Mail to:

**Wisconsin Department of Revenue  
PO Box 8921  
Madison WI 53708-8921**

For tax questions, call  
(608) 266-2776

