

Assignment

Legal Name	Seller's Permit Number	
Business Address (Street)		
City	State	Zip

The above named assigns to the Wisconsin Department of Revenue all rights and interest in the account listed below which is delivered to the Wisconsin Department of Revenue herewith. The assignor retains the right to income from said account or certificate. Assignor agrees that this assignment includes the right in the insurance of the account, by the Federal Deposit Insurance Corporation or National Credit Union Association, and gives the Wisconsin Department of Revenue the right to redeem, collect and withdraw the full amount of the account at any time with statutory notice to the assignor. This assignment is given as security for the payment of sales and use taxes, including any interest and penalties thereon. Assignor hereby notifies the above named institution of this assignment.

Insured Account or Certificate Number	Name of Financial Institution		
Amount	City	State	Zip

(Permit Holder or Authorized Person)

(Date)

Acknowledgement of Notice of Assignment

Assignment of the above account or certificate to the Wisconsin Department of Revenue is acknowledged. We certify that we have received no notice of encumbrance or claim on the above account prior to this assignment. We have noted in our records the department's interest in this account as shown by the above assignment. We agree to make payment under this assignment to the Wisconsin Department of Revenue upon request.

(Financial Institution)

(Date)

(By)

(Title)

Send original assignment **plus** one copy **and** certificate of deposit or passbook to the Wisconsin Department of Revenue. Retain a copy for your financial institution records.

Contact the Department of Revenue at (608) 327-0475 if you have questions.

MAIL TO: Wisconsin Department of Revenue
PO Box 8901
Madison WI 53708-8901