**Form BCR**

**Buyer's Claim For Refund of Wisconsin State, County and Stadium Sales Taxes**

**Did you know?** You can file a Buyer's Claim For Refund electronically. Go to: [https://tap.revenue.wi.gov](https://tap.revenue.wi.gov)

**INSTRUCTIONS:** A buyer may use this form to request, by mail, a refund from the Wisconsin Department of Revenue of state, county and stadium (baseball and football) sales tax paid in error to a seller, if the claim for refund of sales tax totals $50 or more, or the claim for refund of sales tax totals less than $50 and one or more of the following conditions apply:

- The seller has ceased business operations,
- The buyer is being field audited, or
- The periods covered in the claim for refund are within the statute of limitations for the buyer and are closed to the seller.

**CAUTION – Do not use this form:**
- To claim a refund of tax you paid directly to the Wisconsin Department of Revenue.
- If the claim for refund totals less than $50 of sales tax, and none of the above conditions apply. In this case, the buyer must request the refund from the seller. See sec. 77.59(9p), Wis. Stats.

Attach a separate **Schedule P** to this form for each seller to whom you paid Wisconsin sales tax in error and include on line 3 below all amounts from Section 1, line 2 of all Schedule Ps attached to this form.

**Refund Claim Information (Buyer’s Information)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Federal I.D. Number (FEIN) / Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Wisconsin Sales /Use Tax Account Number</td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Telephone Number (include area code)</td>
<td>Best time to call (weekdays, daytime hours)</td>
</tr>
</tbody>
</table>

1. Period covered by this refund claim: From: ___________________________ To: ___________________________

2. Number of **Schedule P(s)** attached: ___________________________

3. Total amount of refund requested: ___________________________ $ (This total should equal the sum of all amounts entered on line 2 of all Schedule Ps attached.)

*Under penalties of law, I declare that the amount of sales tax for which I am submitting this claim for refund has NOT been refunded or credited to me by the department or by the seller to whom the tax was previously paid. I will immediately send payment for any such duplicate refund to the Wisconsin Department of Revenue, PO Box 8902, Madison WI 53708-8902.*

Print Your Name

Title

Signature of Claimant (Buyer) Date

**Please mail your refund claim to:**

Wisconsin Department of Revenue
Sales Tax Refund Request
Mail Stop 3-248
PO Box 8906
Madison WI 53708-8906

**Questions:**

Phone: (608) 266-2776
TDD: (608) 267-1049
FAX: (608) 267-0834
Website: [revenue.wi.gov](http://revenue.wi.gov)
Email: DORSalesandUse@revenue.wi.gov