

Consumer Use Tax Return

◆ Wisconsin Department of Revenue ◆

Use **BLACK INK** Only

Name		
Address (number and street)		
City	State	Zip Code

Tax Account Number
Period Begin Date (MM DD YYYY)
Period End Date (MM DD YYYY)
Social Security Number
Federal Employer Identification No.

Part A Computation of Use Tax

	Purchases	Tax Rate	Tax <i>(Purchases x Tax Rate)</i>
1 Purchases subject to 5% state use tax 1a		x .05 =	1b
2 Purchases subject to 0.5% county use tax (from line 11) . 2a		x .005 =	2b
3 Purchases subject to 0.1% baseball stadium use tax 3a		x .001 =	3b
4 Purchases prior to October 1, 2015 subject to 0.5% football stadium use tax Important! The football stadium tax ended 9-30-15. 4a		x .005 =	4b
5 Total use tax (add lines 1b, 2b, 3b, and 4b)			5
6 Credit for state and/or local sales or use tax paid to another state on purchases included on lines 1a-4a. See line 6 instructions on next page			6
7 Net use tax (line 5 minus line 6)			7
8 Interest and penalty (see instructions on the back of the return)			8
9 Total Amount Due (add lines 7 and 8)			9

Part B County Information for Purchases Subject to County Use Tax

NOTE

To report county use tax for more than 6 counties, leave lines 10a-10f blank, and complete and enclose Schedule CT. To obtain a Sch. CT, call (608) 266-1961 or go to revenue.wi.gov

10 Enter the county name, code and purchases which are subject to that county's 0.5% county use tax.

	County Name <i>(first 5 letters)</i>	County Code	Purchases
10a			
10b			
10c			
10d			
10e			
10f			

11 Total County Purchases . 11

- Add lines 10a through 10f
- Enter line 11 total on line 2a

Mail to:

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



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 Name (please print clearly)	Signature	Phone Number	Date
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