

Form **UT-5**

Wisconsin Department of Revenue

**Consumer Use Tax Return**

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

**Use BLACK INK Only**

Name		
Address (number and street)		
City	State	Zip Code

**Part A Computation of Use Tax**

	Purchases	Tax Rate	Tax (Purchases x Tax Rate)
<b>1</b> Purchases subject to 5% state use tax . . . . . <b>1a</b>		x .05 =	<b>1b</b>
<b>2</b> Purchases subject to 0.5% county use tax (from line 11) <b>2a</b>		x .005 =	<b>2b</b>
<b>3</b> Purchases <b>prior to April 1, 2020</b> subject to 0.1% baseball stadium tax. <b>This tax ended 3-31-20</b> . . . . . <b>3a</b>		x .001 =	<b>3b</b>
<b>4</b> Purchases <b>prior to October 1, 2015</b> subject to 0.5% football stadium tax. <b>This tax ended 9-30-15</b> . . . . . <b>4a</b>		x .005 =	<b>4b</b>
<b>5</b> Total use tax (add lines 1b, 2b, 3b, and 4b) . . . . . <b>5</b>			
<b>6</b> 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 . . . . . <b>6</b>			
<b>7</b> Net use tax (line 5 minus line 6) . . . . . <b>7</b>			
<b>8</b> Interest and penalty (see instructions on the back of the return) . . . . . <b>8</b>			
<b>9 Total Amount Due</b> (add lines 7 and 8) . . . . . <b>9</b>			

**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) 266-2776 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 (first 5 letters)	County Code	Purchases
<b>10a</b>			
<b>10b</b>			
<b>10c</b>			
<b>10d</b>			
<b>10e</b>			
<b>10f</b>			

**11 Total County Purchases . 11**

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

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**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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