

# Application for Wisconsin Business Tax Registration

Space for department use

- Apply online at [tap.revenue.wi.gov/btr](http://tap.revenue.wi.gov/btr) for quicker service.
- Complete this application for a Wisconsin tax permit. Use BLACK ink.
- Allow 15 business days for processing of paper applications; two business days for online applications.

Wisconsin Department of Revenue  
PO Box 8902  
Madison WI 53708-8902  
(608) 266-2776  
FAX (608) 264-6884

**Part A. Reason for Application – All applicants (check one)**

- First time registering for a tax permit.
- Already registered. Adding a permit. → Enter your Wisconsin Tax Number X X X - \_\_\_\_\_ - X X
- Adding additional sales location. If you are already registered and have no changes to Part C, complete Schedule 1 only.

**Part B. Tax Permit(s) – All applicants (check all that apply)**

- Wisconsin Withholding Tax – Required for employers withholding WI income tax
- Seller's Permit – Required for retailers making taxable retail sales from a WI location
- Use Tax Certificate – Required for out-of-state retailers required or electing to collect use tax
- Consumer's Use Tax Certificate – Required for purchasers with regular use tax, no sales tax
- Other Business Taxes – Check if you answered Yes in Part E

**Fees** – A \$20 fee applies to the first tax permit only.  
There is no charge for additional tax permits for this business.

**Note** – There is no fee for a consumer's use tax certificate.

**Part C. Business Information – All applicants**

Legal name (Sole proprietors enter your last, first, MI)		FEIN	SSN (Required for sole proprietors)
Mailing address		Business activity (NAICS) code	WI DFI # (see instructions)
City	State	Zip	County
Contact person	Telephone ( )	Email	

**Part D. Business Type – All applicants (check one)**

- Sole Proprietorship
- Corporation →  C corp  
 S corp  
 QSub } Date of incorporation \_\_\_\_\_ → State of incorporation \_\_\_\_\_  
(mm dd yyyy)
- |                     |  |
|---------------------|--|
| Legal name of owner | Owner SSN or, if owner is a business, enter FEIN |
|---------------------|--|
- Partnership →  General  Limited (LP)
- Limited Liability Partnership (LLP)  
 Limited Liability Company (LLC) } Date registered \_\_\_\_\_ → State of registration \_\_\_\_\_  
(mm dd yyyy)
- *LLC classification for federal income tax* →  Corporation  Partnership  
 Disregarded entity (LLC activity reported on owner's income tax return). Enter owner below.
- |                     |  |
|---------------------|--|
| Legal name of owner | Owner SSN or, if owner is a business, enter FEIN |
|---------------------|--|
- Governmental Unit →  Federal  State  Local
- Nonprofit Organization
- Other (e.g., trusts, estates) \_\_\_\_\_

**Part E. Business Location Information – All applicants**

Trade name (DBA) if different from legal name		County
Business location address (no PO Box)		
City	State	Zip

If yes, enter your start date (mm dd yyyy)

**At this location will you** (check yes to all that apply):

- Sell certain food and beverages, automobile rentals, or lodging in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee (see [Pub 410](#))? If yes, check all that apply . . . . .  Yes \_\_\_\_\_
  - Food and Beverages
  - Automobile Rentals
  - Lodging
  - Lodging in the City of Milwaukee
- Primarily provide short term rentals of vehicles without drivers? . . . . .  Yes \_\_\_\_\_
- Provide limousine service? . . . . .  Yes \_\_\_\_\_
- Perform dry cleaning services? . . . . .  Yes \_\_\_\_\_
- Sell dry cleaning products? . . . . .  Yes \_\_\_\_\_
- Sell phone cards for prepaid wireless plans, voice communication services with an assigned telephone number or prepaid wireless telecommunication plans? . . . . .  Yes \_\_\_\_\_
- Sell items as a retailer subject to the premier resort area tax (see [Pub 403](#))? If yes, check area(s) . . . . .  Yes \_\_\_\_\_

**Village:**  Lake Delton  Sister Bay  Stockholm **City:**  Bayfield  Eagle River  Rhinelander  Wisconsin Dells

**Part F. Sales and Use Tax – Sales and use tax applicants**

**Enter Your Start Date**  First date you will make taxable sales or purchases.  
(mm dd yyyy)

Estimate monthly **sales, leases, rentals or purchases** subject to Wisconsin sales or use taxes (check one):

- \$ 1 - \$900/month
- \$ 901 - \$7,200/month
- \$ 7,201 - \$21,500/month
- Over \$21,500/month

If your income year does not end on December 31, enter the date your fiscal year ends.   
(mm dd yyyy)

Nonprofit organization. Indicate the date(s) of your taxable temporary event. From:  To:   
(mm dd yyyy) (mm dd yyyy)

Will your business operate in WI all 12 months?  Yes  No → If No, check the months it will operate in WI.  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**Part G. Withholding Tax – Withholding tax applicants (FEIN required in Part C)**

**Enter Your Start Date**  First date you will pay employees.  
(mm dd yyyy)

Estimate monthly Wisconsin income tax withheld from employees (check one):

- \$ 1 - \$25/month
- \$ 26 - \$199/month
- \$ 200 - \$1,666/month
- Over \$1,666/month

Will your business operate all 12 months?  Yes  No → If No, check the months it will operate.  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Check if you hold no other Wisconsin tax permit **and** are:  An out-of-state employer not engaged in business in Wisconsin  
 An agricultural employer with farm labor only  
 A household employer with domestic employees only

If your withholding tax reports are prepared by a payroll service, complete the following:

Name of payroll service	FEIN	Phone number ( )
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**Part H. Business Owners, Partners, Members or Corporate Officers – All applicants**

List all. If more space is needed, please attach additional pages.

Name	Title		SSN or, if owner is a business, enter FEIN	
Home address			Home telephone (    )	
City	State	Zip	County	

↳ If a partner, check one →  Limited     General

Name	Title		SSN or, if owner is a business, enter FEIN	
Home address			Home telephone (    )	
City	State	Zip	County	

↳ If a partner, check one →  Limited     General

Name	Title		SSN or, if owner is a business, enter FEIN	
Home address			Home telephone (    )	
City	State	Zip	County	

↳ If a partner, check one →  Limited     General

Name	Title		SSN or, if owner is a business, enter FEIN	
Home address			Home telephone (    )	
City	State	Zip	County	

↳ If a partner, check one →  Limited     General

**Part I. Financial Institution – All applicants**

Name and address of financial institution where you have your bank account.

Name of financial institution		Bank routing number	
Street address	City	State	Zip

*I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.*

Name of person who prepared this application <i>(please print)</i>	Title	Date
Signature	Business telephone number (    )	Email

**See Part B to determine whether you owe a \$20 fee.**

- Make check payable to: Wisconsin Department of Revenue
- Mail application and payment (if required) to:  
 Wisconsin Department of Revenue  
 PO Box 8902  
 Madison WI 53708-8902

Complete a schedule for each additional sales location with taxable sales.

Legal name (Sole proprietors enter your last, first, MI)		FEIN	SSN (required for sole proprietors)
Trade name of business (DBA)			Business activity (NAICS) code
Business location address (no PO Box)		County	
City	State	Zip	Telephone (    )

Enter your Wisconsin Tax Number X X X - \_\_\_\_\_ - X X

If yes, enter your start date (mm dd yyyy)

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  - Food and Beverages     Automobile Rentals     Lodging     Lodging in the City of Milwaukee
- Primarily provide short term rentals of vehicles without drivers? . . . . .  Yes \_\_\_\_\_
- Provide limousine service? . . . . .  Yes \_\_\_\_\_
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**Enter Your Start Date**  First date you will make taxable sales or purchases.  
(mm dd yyyy)

*I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.*

Name of person who prepared this application (please print)	Title	Date
Signature	Business telephone number (    )	Email

**Mail to:**

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PO Box 8902  
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