Wisconsin		OSITION TAX		
Department of Revenue		RETURN	SS#	# or FEIN
For reporting and paying Local Exposition Taxes in:	Wisconsin Center District			
Tax Account Number	Period Begin Date	Period End Date	Due	e Date
			Check if this	is an AMENDED return

LOCAL

____ Check if address change (Note changes on the back of the form)

_ Check if business discontinued (Note changes on the back of the form)

For periods be on or after 01-		nplete form using BLACK INK	<u>NO</u> COMMAS
Basic Room Tax			. 1 . 2
Additional Room Tax			. 3 . 4
Food and Beverage Tax			. 5 . 6
Rental Car Tax			. 7 . 8
Amount Due	10 Interest and Penalty (see	instructions)	. 9 .10 .11

This return must be filed by the due date, even if you have no tax to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.

Contact Name (please print)	Signature	Date	Phone
			()

Mail return and remittance to: Wisconsin Department of Revenue PO Box 8946 Madison WI 53708-8946 Phone: (608) 266-2776 Email: DORBusinessTax@wisconsin.gov Website: www.revenue.wi.gov



Form **FX_012**

Business Discontinued Date:		
	MM DD YYYY	
Please indicate reason for dis	scontinuation:	
Deceased	Merger with	Partner added
Formed LLC	Business did not materialize	Partner dropped
Incorporated	No taxable activity	Sold to
Other (please explain)		

Mailing Address Change

Business Location Change

Street Address		
City	State	Zip code