

FCPC SALES AND USE TAX RETURN

FCPC Tax Commission

FEIN / SSN	Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)
Attention		Use BLACK INK Only <input type="checkbox"/> Check if business discontinued (enter discontinuation date below) _____ (MM DD YYYY) <input type="checkbox"/> Check if address or name change (note changes at left) <input type="checkbox"/> Check if this is an amended return <input type="checkbox"/> Check if correspondence is included	
Business Name			
Legal Name			
Mailing Address - Street or PO Box			
City, State, Zip Code			

Step A Sales Tax

1 Total sales	1 _____
Subtractions from total sales:	
2 Sales for which you received exemption certificates	2 _____
3 Sales returns, allowances, and bad debts	3 _____
4 Total subtractions (add lines 2 and 3)	4 _____
5 Sales subject to FCPC sales tax (subtract line 4 from line 1)	5 _____
6 FCPC sales tax (line 5 x .05)	6 _____

Step B Sales Tax – County and Stadium rates

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<u>County Name</u> (first 5 letters)	<u>Sales Subject to County Sales Tax rate</u>
7a _____	7b _____
8a _____	8b _____
9a _____	9b _____
10a _____	10b _____
11 Total sales subject to county sales tax rates (add lines 7a through 10b)	11 _____
12 County sales tax rate (line 11 x .005)	12 _____
<u>Sales Subject to Stadium Sales Tax rate</u>	
13 Baseball stadium district taxable sales (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	13a _____ x .001 = 13b _____

Step C Total Sales Tax

14 Total sales tax (add TAX amounts from lines 6, 12 and 13b)	14 _____
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Step D Total Amount Due

15 Total sales tax (fill in amount from line 14)	15 _____
16 Interest	16 _____
17 Late filing fee (\$20.00) and penalty	17 _____
18 Total amount due (add lines 15 through 17)	18 _____

Step E Signature and Mailing Information

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 Person (please print clearly)	Phone Number	Signature	Date
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Mail to:

Mary Shepard, Executive Director

Tax Commission

3301 W. Highland Blvd.

Milwaukee, WI 53208

For tax questions, call: (715) 889-6023