

Application for Business Tax Registration

FCPC Tax Commission (rev 6/15)
 Mary Shepard, Executive Director
 Tax Commission
 3301 W. Highland Blvd.
 Milwaukee, WI 53208
 (715)889-6023

Allow 15 business days for processing and mailing of your registration certificate.

► Part A Reason for Registration (check the box that applies)

New Business

Registering Additional Tax Types BTR Tax Account No.: _____

Additional Business Locations

> NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► Part B Type of Registration

Regardless of the number of tax types you are requesting, there is only one \$20 BTR fee due.	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" on page 1 of the general instructions.)	Parts of this application that must be completed.
<input type="checkbox"/> Sales tax certificate <input type="checkbox"/> Local exposition tax (sales in Milwaukee County only)	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Use tax certificate	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Lodging tax certificate	Yes	Parts C, D, E, G & H

► Part C Business Information

1 Type of Ownership (check one)

Sole Proprietorship

Partnership Indicate type ► General Limited Limited liability partnership (LLP)

S Corporation C Corporation

> Date of incorporation: ___/___/___ State of incorporation: _____

Limited liability company (LLC) > Date registered: ___/___/___ State of registration: _____

Taxed as a corporation Taxed as a partnership

Disregarded as an entity separate from its owner (single member LLC only)

Nonprofit organization

Governmental unit (check appropriate box)

Federal WI state agency Local County

Other state agency _____ (list) Tribal Other (describe) _____

Other (describe) _____

2 Legal name (sole proprietors enter your last name, first, MI)	3 Federal employer identification # (FEIN)	4 Social security number (required for sole proprietorship)
5 Mailing address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
6 Contact Person	Telephone number ()	Fax number ()

► Part D Business Location Information – Complete a Schedule 1 for each additional business location.

1 Trade name of business		
Business address (cannot be a PO Box)		
City, State	Zip Code	County

Specialty Taxes and Fees (refer to pages 3 – 5 of the instructions)

2 Local Exposition Tax If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

- Food & beverages Automobile rentals Lodging Lodging within the City of Milwaukee

Date first taxable sales will be made: ___/___/_____

► Part E Sales/Use Tax (Enter date first sales or purchases will be made: ___/___/_____)

1 Estimated monthly sales, leases, or rentals subject to FCPC sales or use taxes. (Information will be used to determine initial filing frequency.)

- \$1 - \$450/month (annual) \$451 - \$3,600/month (quarterly) \$3,601 - \$21,500/month (monthly) over \$21,500/month (early-monthly)

2 Will business be operated all 12 months? Yes No

If **No**, check boxes for months of operation:

- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

3 If your income year is other than the year ending December 31, please indicate your fiscal year ending date: _____

4 Non-profit organization

Indicate the date(s) of your taxable event. From: _____ To: _____

► Part F Ownership Disclosure List all owners, partners, corporate officers or members.

(If more space is needed, please attach additional pages.)

> Name	Title	Social security number / FEIN (if owner is a business)
Home address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner	
> Name	Title	Social security number / FEIN (if owner is a business)
Home address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner	
> Name	Title	Social security number / FEIN (if owner is a business)
Home address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner	
> Name	Title	Social security number / FEIN (if owner is a business)
Home address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner	

> Name	Title	Social security number / FEIN (if owner is a business)
Home address (street or PO Box - include apartment, suite, or lot number)		
City, State	Zip Code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner	

► Part G Financial Information

Financial institution through which you will maintain your business checking account.

Name of Financial Institution	Account No.
Street Address	City, State, Zip Code

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 ()	Business fax number ()

