



## FCPC SALES AND USE TAX RETURN

FEIN / SSN 123456789	Period Begin Date (MM DD YYYY) 02/04/2019	Period End Date (MM DD YYYY) 02/07/2019	Due Date (MM DD YYYY) 02/28/2019
-------------------------	---	---	-------------------------------------

Attention FCPC Tax Commission

Business Name Doe Bakery

Legal Name Jane Doe

Mailing Address - Street or PO Box 123 Highland Place

City Milwaukee State WI Zip 53708

Use BLACK INK Only

**Check if business discontinued**  
(enter discontinuation date below)  
02/07/2019 (MM/DD/YYYY)

**Check if address or name change**  
(note changes at left)

**Check if this is an amended return**

**Check if correspondence is included**

**► STEP A Sales Tax**

1. Total sales	1. <u>725.00</u>
<b>Subtractions from total sales:</b>	
2. Sales for which you received exemption certificates	2. <u>0</u>
3. Sales returns, allowances, and bad debts	3. <u>0</u>
4. Total subtractions (add lines 2 and 3)	4. <u>0</u>
5. Sales subject to FCPC sales tax (subtract line 4 from line 1)	5. <u>725.00</u>
6. FCPC sales tax (line 5 x .05)	6. <u>36.25</u>

**► STEP B Sales Tax – County and Stadium Rates**

County Name (first 5 letters)	Sales Subject to County Sales Tax rate
7a. <u>Milwa.</u>	7b. <u>725.00</u>
8a. _____	8b. _____
9a. _____	9b. _____
10a. _____	10b. _____
11. Total sales subject to county sales tax rates (add lines 7b through 10b)	11. <u>725.00</u>
12. County sales tax rate (line 11 x .005)	12. <u>3.63</u>
<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. <u>N/A</u>

**► STEP C Total Sales Tax**

14. Total sales tax (add TAX amounts from lines 6, 12 and 13b)	14. <u>39.88</u>
--	------------------

**► STEP D Total Amount Due**

15. Total sales tax (fill in amount from line 14)	15. <u>39.88</u>
16. Interest	16. _____
17. Late filing fee (\$20.00) and penalty	17. _____
18. Total amount due (add lines 15 through 17)	18. <u>39.88</u>

► **STEP E**    **Signature**

*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) Jane Doe

Signature Jane Doe

Phone Number 414-555-1234

Date 02/28/2019

**Mailing Information:**

FCPC Tax Commission  
Executive Director Tax Commission  
3136 W. Kilbourn Ave., Milwaukee, WI 53208  
For tax questions, call: (715) 889-6023

**Make Check Payable to:**

FCPC Tax Commission

SAMPLE