## FCP SALES AND USE TAX RETURN

**FEIN / SSN**

**Period Begin Date** (MM/DD/YYYY)

**Period End Date** (MM/DD/YYYY)

**Due Date** (MM/DD/YYYY)

### Use BLACK INK Only

- Check if business discontinued (enter discontinuation date below)

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

- Check if this is an amended return

<table>
<thead>
<tr>
<th>Attention</th>
<th>Business Name</th>
<th>Legal Name</th>
<th>Mailing Address - Street or PO Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### STEP A  Sales Tax

1. **Total sales**

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

### STEP B  Sales Tax – County and Stadium Rates

<table>
<thead>
<tr>
<th>County Name (first 5 letters)</th>
<th>Sales Subject to County Sales Tax rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a. ______________________</td>
<td>7b. ______________________</td>
</tr>
<tr>
<td>8a. ______________________</td>
<td>8b. ______________________</td>
</tr>
<tr>
<td>9a. ______________________</td>
<td>9b. ______________________</td>
</tr>
<tr>
<td>10a. _______________________</td>
<td>10b. _______________________</td>
</tr>
</tbody>
</table>

11. **Total sales subject to county sales tax rates**
   (add lines 7b through 10b)

12. **County sales tax rate (line 11 x .005)**

   **Sales Subject to Stadium Sales Tax Rate**

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)**

### STEP D  Total Amount Due

15. **Total sales tax (fill in amount from line 14)**

16. **Interest**

17. **Late filing fee ($20.00) and penalty**

18. **Total amount due (add lines 15 through 17)**
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) ____________________________________________________________

Signature ___________________________________________________________________________________

Phone Number __________________________________________________

Date ___________________________________________________________

Mailing Information:
FCP Tax Commission
Executive Director Tax Commission
3136 W. Kilbourn Avenue
Milwaukee, WI 53208

For Tax Questions, call: 414-837-3375
or email: TaxCommission@FCP-nsn.gov

Make Check Payable to:
FCP Tax Commission