



## FCP SALES AND USE TAX RETURN

|                  |   |                                       |                             |
|------------------|---|---------------------------------------|-----------------------------|
| FEIN / SSN _____ | Period Begin Date<br>(MM/DD/YYYY) _____ | Period End Date<br>(MM/DD/YYYY) _____ | Due Date (MM/DD/YYYY) _____ |
|------------------|---|---------------------------------------|-----------------------------|

Attention \_\_\_\_\_

Business Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Mailing Address - Street or PO Box \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use BLACK INK Only

**Check if business discontinued**  
(enter discontinuation date below)  
\_\_\_\_\_ (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. _____ |
| <b>Subtractions from total sales:</b>                           |          |
| 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 FCP sales tax (subtract line 4 from line 1) | 5. _____ |
| 6. FCP sales tax (line 5 x .05)                                 | 6. _____ |

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

| County Name (first 5 letters) | Sales Subject to County Sales Tax rate |
|-------------------------------|--|
| 7a. _____                     | 7b. _____                              |
| 8a. _____                     | 8b. _____                              |
| 9a. _____                     | 9b. _____                              |
| 10a. _____                    | 10b. _____                             |

|   |           |
|---|-----------|
| 11. Total sales subject to county sales tax rates<br>(add lines 7b through 10b) | 11. _____ |
| 12. County sales tax rate (line 11 x .005)                                      | 12. _____ |

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) | 14. _____ |
|--|-----------|

**► 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**

*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