



## FCP SALES AND USE TAX RETURN

<b>FEIN / SSN</b>	<b>Period Begin Date (MM/DD/YYYY)</b>	<b>Period End Date (MM/DD/YYYY)</b>	<b>Due Date (MM/DD/YYYY)</b>
123456789	02/04/2024	02/07/2024	02/28/2024

**Attention** FCPC Tax Commission

**Business Name** Doe Bakery

**Legal Name** Jane Doe

**Mailing Address - Street or PO Box** 123 Main Street

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**City** Crandon      **State** WI      **Zip** 54520

Use **BLACK INK** Only

**Check if business discontinued**  
(enter discontinuation date below)  
02/07/2024 (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>750.00</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 FCP sales tax (subtract line 4 from line 1)	5. <u>750.00</u>
6. FCP sales tax (line 5 x .05)	6. <u>37.50</u>

**▶ STEP B Sales Tax – County and City Rates**

County Name (first 5 letters)	Sales Subject to County Sales Tax rate
7a. <u>FORES.</u>	7b. <u>750.00</u>
8a. _____	8b. _____
9a. _____	9b. _____
10a. _____	10b. _____
11. Total sales subject to county sales tax rates (add lines 7b through 10b)	11. <u>750.00</u>
12. County sales tax rate (line 11 x .005)	12. <u>3.75</u>
<b>Sales Subject to Milwaukee City and/or County Sales Tax Rate</b>	
13a. Milwaukee City	13a. <u>N/A</u> x .02 = 13b. <u>N/A</u>
13c. Milwaukee County	13c. <u>N/A</u> x .004 = 13d. <u>N/A</u>

**▶ STEP C Total Sales Tax**

14. Total sales tax (add TAX amounts from lines 6, 12, 13b, and 13d)	14. <u>41.25</u>
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**▶ STEP D Total Amount Due**

15. Total sales tax (fill in amount from line 14)	15. <u>41.25</u>
16. Interest	16. <u>—</u>
17. Late filing fee (\$20.00) and penalty	17. <u>—</u>
18. Total amount due (add lines 15 through 17)	18. <u>41.25</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 02/28/2024

**Mailing Information:**

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

**Make Check Payable to:**

FCP Tax Commission

**For Tax Questions, call:** 414-837-3375

**or email:** TaxCommission@FCP-nsn.gov