



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)
123456789	02/04/2024	02/07/2024	02/28/2024

Attention <u>FCPC Tax Commission</u> Business Name <u>Doe Bakery</u> Legal Name <u>Jane Doe</u> Mailing Address - Street or PO Box <u>123 Main Street</u> City <u>Milwaukee</u> State <u>WI</u> Zip <u>53022</u>	<p style="text-align: center;">Use BLACK INK Only</p> <input checked="" type="checkbox"/> Check if business discontinued (enter discontinuation date below) <u>02/07/2024</u> (MM/DD/YYYY)
<input type="checkbox"/> Check if address or name change (note changes at left)	
<input type="checkbox"/> Check if this is an amended return	
<input type="checkbox"/> Check if correspondence is included	

▶ STEP A Sales Tax

1. Total sales	1. <u>750.00</u>
Subtractions from total sales:	
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>Milwa.</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>
Sales Subject to Milwaukee City and/or County Sales Tax Rate	
13a. Milwaukee City	13a. <u>750.00</u> x .02 = 13b. <u>15.00</u>
13c. Milwaukee County	13c. <u>750.00</u> x .004 = 13d. <u>3.00</u>

▶ STEP C Total Sales Tax

14. Total sales tax (add TAX amounts from lines 6, 12, 13b, and 13d)	14. <u>59.25</u>
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▶ STEP D Total Amount Due

15. Total sales tax (fill in amount from line 14)	15. <u>59.25</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>59.25</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