



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)
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Attention _____ Business Name _____ Legal Name _____ Mailing Address - Street or PO Box _____ _____ City _____ State _____ Zip _____	<p style="text-align: center;">Use BLACK INK Only</p> <input type="checkbox"/> Check if business discontinued (enter discontinuation date below) _____ (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. _____
Subtractions from total sales:	
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 City 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 (add lines 7b through 10b)	11. _____
12. County sales tax rate (line 11 x .005)	12. _____
<u>Sales Subject to Milwaukee City and/or County Sales Tax Rate</u>	
13a. Milwaukee City	13a. _____ x .02 = 13b. _____
13c. Milwaukee County	13c. _____ x .004 = 13d. _____

► STEP C Total Sales Tax

14. Total sales tax (add TAX amounts from lines 6, 12, 13b, and 13d)	14. _____
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► 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

Make Check Payable to:

FCP Tax Commission

For Tax Questions, call: 414-837-3375

or email: TaxCommission@FCP-nsn.gov