

Legal name (sole proprietors / salespersons enter your last name, first, MI)

► **Part D Business Location Information** – Complete a Schedule 1 for each additional business location.

1 Trade name of business

Business location (street address – cannot be a PO Box)

City

State

Zip code

County

2 Enter 6-digit Business Code (NAICS) _____ (see instructions)

Specialty Taxes and Fees (refer to pages 4 and 5 of the instructions)

3 **Local Exposition Tax** If you will be making sales in municipalities located wholly or partially in Milwaukee County, including all of the Village of Bayside and the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

- Food and beverages Automobile rentals Lodging Lodging within the City of Milwaukee

Date first taxable sales will be made ____/____/____ (mo/day/yr)

4 Yes No Is this location primarily engaged in the short term rental of vehicles without drivers?

5 Yes No Do you provide limousine service?

6 Yes No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax? If Yes, indicate where: Village of Lake Delton City of Wisconsin Dells City of Bayfield (effective 01-01-03)

7 Yes No Is this location a dry cleaning facility?

8 Yes No Do you sell dry cleaning solvents?

Note: If you have answered yes to any of the above, you will receive additional information regarding those registrations.

► **Part E Sales/Use Tax**

1 Estimated monthly sales, leases, or rentals subject to Wisconsin sales or use tax (total for all business locations)

- \$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$7,000/month over \$7,000/month

Estimated monthly purchases subject to Wisconsin tax

- \$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$7,000/month over \$7,000/month

2 Date first Wisconsin taxable sales, leases, or rentals or purchases will be made ____/____/____ (mo/day/yr)

3 Yes No Will business be operated all year? If No, enter month open _____, month closed _____

4 Non-profit organization Indicate the date(s) of your taxable event. From: _____ To: _____

► **Part F Withholding Tax**

1 Check box if you are (see instructions):

- An out-of-state employer with no other tax connection to Wisconsin,
- An agricultural employer with farm labor only, or
- A household employer with domestic employees only.

If you have checked one of the above boxes and you are only applying for a Wisconsin employer identification number, the BTR fee is not due with this application. However, if you are also applying for another tax type covered by the BTR provisions, the fee is still due.

2 Estimated amount of Wisconsin income tax to be withheld each month from employees.

- \$1 - \$25/month \$26 - \$100/month \$101 - \$1,701/month over \$1,701/month

Date first payroll will be paid to employees ____/____/____ (mo/day/yr)

3 If your withholding tax reports are prepared by a payroll service, complete the following:

Name	EIN	Phone number	
Address	City	State	Zip code

Legal name (sole proprietors / salespersons enter your last name, first, MI)

► Part G Ownership Disclosure List all owners, partners, corporate officers or members
(If more space is needed, please attach additional pages.)

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

► Name	Title	Social security number	
Home address	City	State	Zip code
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner		

To the best of my knowledge and belief the information on this application is true, correct and complete. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue or his/her designee to research the credit history of the business or that individual.

Name of person who prepared this application <i>(please print)</i>	Title	Date
Signature	Business telephone number ()	Business FAX number ()

Schedule 1 – Additional Business Locations for Sales or Excise Tax Permits

Legal name (sole proprietors enter your last name, first, MI)	Federal employer identification # (FEIN)	Social security number (required for sole proprietorship)
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1 Trade name of business _____

Business location (street address – cannot be a PO Box) _____

City _____ State _____ Zip code _____ County _____

Check the box for each tax type you are applying for at this location.

- Seller's permit Alcohol Beverage Cigarette and Tobacco Products
 Local exposition tax Retail Alcohol Beverage

2 Enter 6-digit Business Code (NAICS) _____ (see instructions)

Specialty Taxes and Fees (refer to pages 4 and 5 of the instructions):

3 Local Exposition Tax If you will be making sales in municipalities located wholly or partially in Milwaukee County, including all of the Village of Bayside and the City of Milwaukee, indicate if you will be making taxable sales of any of the following:

- Food and beverages Automobile rentals Lodging Lodging within the City of Milwaukee

Date first taxable sales will be made _____
(mo/day/yr)

- 4** Yes No Is this location primarily engaged in the short term rental of vehicles without drivers?
5 Yes No Do you provide limousine service?
6 Yes No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax?
 If Yes, indicate where: Village of Lake Delton City of Wisconsin Dells City of Bayfield
 (effective 01-01-03)
7 Yes No Is this location a dry cleaning facility?
8 Yes No Do you sell dry cleaning solvents?

Note: If you have answered yes to any of the above, you will receive additional information regarding those registrations.

Sales and Use Tax:

9 Estimated monthly sales, leases, or rentals subject to Wisconsin sales or use tax (total for all business locations)
 \$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$7,000/month over \$7,000/month

Estimated monthly purchases subject to Wisconsin tax
 \$1 - \$450/month \$451 - \$3,600/month \$3,601 - \$7,000/month over \$7,000/month

10 Date first Wisconsin taxable sales, leases, or rentals or purchases will be made _____
(mo/day/yr)

11 Yes No Will business be operated all year?
 If **No**, enter month open _____, month closed _____

12 Non-profit organization Indicate the date(s) of your taxable event. From: _____ To: _____

To the best of my knowledge and belief the information on this application is true, correct and complete. If the business fails to report or pay appropriate state taxes, any individual who is responsible for the tax authorizes the Secretary of Revenue or his/her designee to research the credit history of the business or that individual.

Name of person who prepared this application (please print)	Title	Date
Signature	Business telephone number ()	Business FAX number ()