



**Step D Discount and Net Sales Tax**

- 18 Total sales tax (fill in amount from line 17) ..... 18 \_\_\_\_\_
- 19 Discount - Applies only if return is filed and tax is paid by due date  $\left\{ \begin{array}{l} \text{If line 18 is } \$0 \text{ to } \$10, \text{ enter the amount from line 18.} \\ \text{If line 18 is } \$10 \text{ to } \$2,000, \text{ enter } \$10. \text{ If line 18 is greater} \\ \text{than } \$2,000, \text{ multiply line 18 by } .005 \text{ and enter the result.} \end{array} \right\}$  19 \_\_\_\_\_
- 20 Net sales tax (subtract line 19 from line 18) ..... 20 \_\_\_\_\_

**Step E Use Tax – State**

- 21 Purchases subject to state use tax 21a \_\_\_\_\_ x .05 = 21b \_\_\_\_\_

**Step F Use Tax – County and Stadium**

		County Code <i>(see instructions)</i>	County Name <i>(first 5 letters)</i>	Purchases Subject to County Use Tax
<b>C O U N T Y</b>	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a _____	22b _____	22c _____
		23a _____	23b _____	23c _____
	To obtain a Sch. CT, call (608) 266-1961 or go to www.revenue.wi.gov	24a _____	24b _____	24c _____
		25a _____	25b _____	25c _____

- 26 Total purchases subject to county use tax (add lines 22c through 25c OR enter total from Sch CT, Col 2) . . . 26 \_\_\_\_\_
- 27 County use tax (line 26 x .005) ..... 27 \_\_\_\_\_

		Purchases Subject to Stadium Use Tax	
<b>S T A D I U M</b>	28 Baseball stadium district taxable purchases (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	28a _____	x .001 = 28b _____
	29 Football stadium district taxable purchases (Brown County)	29a _____	x .005 = 29b _____

**Step G Total Amount Due**

- 30 Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b) . . . 30 \_\_\_\_\_
- 31 Interest ..... 31 \_\_\_\_\_
- 32 Late filing fee (\$20.00) and negligence penalty ..... 32 \_\_\_\_\_
- 33 Total amount due (add lines 30 through 32) ..... 33 \_\_\_\_\_

**Step H Signature and Mailing Information**

*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)	Phone Number	Signature	Date
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Mail to:

**Wisconsin Department of Revenue  
PO Box 930389  
Milwaukee WI 53293-0389**

For tax questions, call  
(608) 266-2776

