

Application for Business Tax Registration

Allow 15 business days for processing and mailing of your registration certificate.

Wisconsin Department of Revenue
 PO Box 8902, Madison WI 53708-8902
 (608) 266-2776, TDD (608) 267-1049
 FAX (608) 264-6884

Complete form using **BLACK** or **BLUE INK**.

► **Part A Reason for Registration** (check the box that applies)

- New Business
- Registering Additional Tax Types BTR Tax Account # _____
- Additional Business Locations → NOTE: If you are currently registered and have no changes to Part C, please complete Schedule 1 only.

► **Part B Type of Registration** (check the box for each tax type you are applying for)

Regardless of the number of tax types you are requesting, there is only one \$20 BTR fee due .	Is this tax type subject to the BTR Fee? (See "Exceptions to the BTR fee" on page 1 of the general instructions.)	Parts of this application that must be completed.
<input checked="" type="checkbox"/> Wisconsin employer identification number	Yes	Parts C, D, F, G, & H
<input type="checkbox"/> Seller's permit		
<input type="checkbox"/> Local exposition tax (sales in Milwaukee County only)	Yes	Parts C, D, E, G & H
<input type="checkbox"/> Consumer's use tax certificate	No	Parts C, D, E, G, & H
<input type="checkbox"/> Use tax certificate	Yes	Parts C, D, E, G, & H
<input type="checkbox"/> Dry Cleaning Facility	No	Parts C, D, G, & H

► **Part C Business Information**

1 Type of Ownership (check one)

- Sole Proprietorship
- Partnership. Indicate type → General Limited Limited liability partnership (LLP)
- S Corporation C Corporation → Date of Incorporation ____/____/____ → State of Incorporation _____
(mo/day/yr)
- Limited liability company (LLC). Date registered ____/____/____ → State of Registration _____
 - Taxed as a corporation Taxed as a partnership
 - Disregarded as an entity separate from its owner (single member LLC only)
- Nonprofit organization
- Governmental unit (check appropriate box)
 - Federal WI state agency Local County
 - Other state agency _____ (list) Tribal Other (describe) _____
- Other (describe) _____

2 Legal name (sole proprietors enter your last name, first, MI) _____ 3 Federal employer identification # (FEIN) _____ 4 Social security number (required for sole proprietorship) _____

5 Mailing address (street or PO Box - include apartment, suite, or lot number) _____

City: Go Peaceful Living State: WI Zip code: 54016 County: St. Croix

6 Contact person _____ Telephone number: 715) 386-7071 FAX number: 715) 386-0873

Contact person: Samantha Cain

Legal name (sole proprietors 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 address (cannot be a PO Box)

City State Zip code County

2 Enter Business Code (NAICS) 621610 (see instructions)

Specialty Taxes and Fees (refer to pages 3 - 5 of the instructions)

3 Local Exposition Tax If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or 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

4 Is this location primarily engaged in the short term rental of vehicles without drivers? If Yes, Beginning Date

5 Do you provide limousine service? If Yes, Beginning Date

6 Do you sell tangible personal property or provide taxable services subject to the premier resort area tax? If Yes, indicate where: Lake Delton, Wisconsin Dells, City of Bayfield, Eagle River

7 Is this location a dry cleaning facility? If Yes, Beginning Date

8 Do you sell dry cleaning products? If Yes, Beginning Date

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

Part E Sales/Use Tax (Enter date first sales or purchases will be made)

1 Estimated monthly sales, leases, or rentals subject to Wisconsin sales or use taxes. (Information will be used to determine initial filing frequency.)

- \$1 - \$450/month (annual), \$451 - \$3,600/month (quarterly), \$3,601 - \$21,500/month (monthly), over \$21,500/month (early-monthly)

Estimated monthly purchases subject to Wisconsin use tax. (Information will be used to determine initial filing frequency.)

- \$1 - \$450/month (annual), \$451 - \$3,600/month (quarterly), \$3,601 - \$21,500/month (monthly), over \$21,500/month (early-monthly)

2 Will business be operated all 12 months? If No, check boxes for months of operation: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

3 If your income year is other than the year ending December 31, please indicate your fiscal year ending date.

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

Part F Withholding Tax (Enter date of first employee payroll)

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. (Information will be used to determine initial filing frequency.)

- \$1 - \$25/month (annual), \$26 - \$199/month (quarterly), \$200 - \$1,666/month (monthly), over \$1,666/month (semi-monthly)

3 Will business be operated all 12 months? If No, check boxes for months of operation: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

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

Table with 4 columns: Name, EIN, Phone number, Address, City, State, Zip code. Handwritten entries: Peaceful Living, LLC, 20-0134126, (715) 386-7071, 1200 Hosford St. Ste 107, Hudson, WI, 54016

Legal name (sole proprietors 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 Household Employer		Social security number / FEIN (if owner is a business)	
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			
➤ Name	Title		Social security number / FEIN (if owner is a business)	
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			
➤ Name	Title		Social security number / FEIN (if owner is a business)	
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			
➤ Name	Title		Social security number / FEIN (if owner is a business)	
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			
➤ Name	Title		Social security number / FEIN (if owner is a business)	
Home address	City	State	Zip code	County
Home telephone ()	If you are a partner, check type <input type="checkbox"/> Limited <input type="checkbox"/> General Partner			

Part H Financial Information

Name and address of financial institution through which you will maintain your business checking account.

Name	Account #		
Street Address	City	State	Zip code

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

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

Schedule 1 – Additional Business Locations for Seller's Permits

(attach additional pages for each separate location)

Legal name (sole proprietors enter your last name, first, MI)	Federal employer identification # (FEIN)	Social security number (required for sole proprietorship)
1 Trade name of business		Acct. #
Business location (street address – cannot be a PO Box)		
City	State	Zip code
County		

2 Enter Business Code (NAICS) _____ (see instructions)

Specialty Taxes and Fees (refer to pages 3 – 5 of the instructions):

3 Local Exposition Tax If you will be making sales in municipalities located wholly or partially in Milwaukee County, including any part of the Village of Bayside or 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? If Yes, Beginning Date

5 Yes No Do you provide limousine service? If Yes, Beginning Date → _____ / _____ / _____
(mo/day/yr) (mo/day/yr)

6 Yes No Do you sell tangible personal property or provide taxable services subject to the premier resort area tax? If Yes, indicate where: Lake Delton Wisconsin Dells City of Bayfield Eagle River

7 Yes No Is this location a dry cleaning facility? If Yes, Beginning Date → _____ / _____ / _____
(mo/day/yr)

8 Yes No Do you sell dry cleaning products? If Yes, Beginning Date → _____ / _____ / _____
(mo/day/yr)

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

Sales and Use Tax: (Enter date first sales will be made _____ / _____ / _____)
(mo/day/yr)

9 Estimated monthly sales, leases, or rentals subject to Wisconsin sales. (Information may be used to determine filing frequency.)

- \$1 - \$450/month (annual)
 \$451 - \$3,600/month (quarterly)
 \$3,601 - \$21,500/month (monthly)
 over \$21,500/month (early-monthly)

10 Yes No Will business be operated all 12 months? If No, check boxes for months of operation:

- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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

I declare under penalties of law that I have examined this information and to the best of my knowledge and belief, it is true, correct, and complete.

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