



Wisconsin Department of Revenue
 PO Box 8992
 Madison WI 53708-8992

WISCONSIN RENTAL VEHICLE FEE RETURN

SS# or FEIN

Tax Account Number	Period Begin Date	Period End Date	Due Date
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- Check if this is an **AMENDED** return
- Check if address change
(Note changes on the back of the form)
- Check if business discontinued
(Note changes on the back of the form)

Complete form using **BLACK INK**

Rental Vehicle Fee	1 Taxable Receipts (Includes any amounts on Line 4) 1 _____
	2 Rental Vehicle Fee (multiply Line 1 by _____) 2 _____
Regional Transit Authority Fee	3 Number of Rental Vehicles rented in Kenosha, Milwaukee and Racine counties 3 _____
	4 Regional Transit Authority Fee (multiply Line 3 by _____) 4 _____
Limousine Rental Fee	5 Taxable Receipts (<i>see instructions</i>) 5 _____
	6 Limousine Rental Fee (multiply Line 5 by _____) 6 _____
Amount Due	7 TOTAL TAX DUE (add Lines 2, 4 and 6) 7 _____
	8 Interest and Penalty (<i>see instructions</i>) 8 _____
	9 TOTAL AMOUNT DUE (add Lines 7 and 8) 9 _____

This return must be filed by the due date, even if you have no fee to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.

Contact Name (<i>please print</i>)	Signature	Date	Phone ()
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FOR DEPARTMENT USE ONLY



Mail return and remittance to:

Wisconsin Department of Revenue
 PO Box 8992
 Madison WI 53708-8992

Phone: (608) 266-2776
 E-Mail: sales10@dor.state.wi.us
 Website: www.dor.state.wi.us

Taxpayer Information Changes

Business Discontinued Date: _____
MM DD YYYY

Please indicate reason for discontinuation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other (<i>please explain</i>) | | |

Mailing Address Change

Street Address or PO Box		
City	State	Zip code

Business Location Change

Street Address		
City	State	Zip code