

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event	
	1. Name of Temporary Event	<u>Craft Fair</u>
	2. Date(s) of Temporary Event	_____
	3. Location of Temporary Event (e.g., Venue, City)	<u>9131 S. Howell Ave. Oak Creek</u>
	PART B: Operator Information: To be completed by the operator of the temporary event	
	1. Name and Address	<u>All Saints Lutheran Church</u> <u>9131 S. Howell Ave. Oak Creek, WI 53154</u>
	2. Daytime Telephone Number	<u>(414) 762-5111</u>
	3. Email Address	<u>office@allsaintsoakcreek.org</u>
	4. Wisconsin Tax Account Number	_____
	If blank, check appropriate box:	
<input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input checked="" type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other - Explain: _____		

S E L L E R	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.	
	THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS	
	1. Legal Name	_____
	2. Business Name	_____
	3. Address (Street or Route)	_____
	4. City, State and Zip Code	_____
	5. Home Telephone Number (_____) _____	_____
	Business Telephone Number (_____) _____	_____
	6. Wisconsin Tax Account Number	_____
	7. Social Security Number X X X - X X - _____	_____
8. Federal Identification Number (FEIN) X X - X X X _____	_____	
9. Check one box indicating the type of activity you intend to engage in at this event:		
<input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only <input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization		

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____ Date: _____

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

** Do not email event reports to maintain confidentiality of seller information **