

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>Central Wisconsin State Fair</u>
	2. Date(s) of Temporary Event <u>August 22nd - 27th, 2023</u>
	3. Location of Temporary Event (e.g., Venue, City) <u>Marshfield Fairgrounds, Marshfield WI</u>
S E L L E R	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address <u>Central Wisconsin State Fair Assoc.</u> <u>513 E 17th St, Marshfield WI 54449</u>
	2. Daytime Telephone Number <u>(715) 387-1261</u>
	3. Email Address <u>eventmanager.cwst@gmail.com</u>
4. Wisconsin Tax Account Number <u>036-0000546129-03</u>	
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: _____	
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 <u>X X X - X X - _____</u>	
8. Federal Identification Number (FEIN) <u>X X - X X X _____</u>	
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 ****