



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8981  
 MADISON WI 53708-8981

Form **WT-7**

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Tax Account Number
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- Check here if this is an **AMENDED** return
- Check if name and/or address change (note changes on back of form)
- Check if business discontinued. (enter discontinuation date below)

\_\_\_\_\_  
 (MM DD YYYY)

Federal Employer Identification Number
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## EMPLOYERS ANNUAL RECONCILIATION of Wisconsin Income Tax Withheld From Wages



**DUE DATE: January 31,**

Please complete this form if you have an active account even if you did not have employees this year.

Print numbers like this → **0 1 2 3 4 5 6 7 8 9**      Not like this → **Ø 1 4 7**      **USE BLACK INK ONLY**

1. Enter the number of employee Wage and Tax Statements (W-2, 1099R & W-2G) prepared for the calendar year indicated above . . . . . **1** \_\_\_\_\_
2. Total Wisconsin tax withheld shown on W-2's, 1099R's & W-2Gs . . . . . **2** \_\_\_\_\_
3. Wisconsin tax withheld according to payroll records for:
  - a. Quarter ended March 31 (Months of Jan, Feb, Mar) . . . . . 1<sup>st</sup> Qtr **3a** \_\_\_\_\_
  - b. Quarter ended June 30 (Months of Apr, May, June) . . . . . 2<sup>nd</sup> Qtr **3b** \_\_\_\_\_
  - c. Quarter ended September 30 (Months of Jul, Aug, Sep) . . . . . 3<sup>rd</sup> Qtr **3c** \_\_\_\_\_
  - d. Quarter ended December 31 (Months of Oct, Nov, Dec) . . . . . 4<sup>th</sup> Qtr **3d** \_\_\_\_\_
  - e. Total (Add lines 3a, 3b, 3c, and 3d) . . . . . TOTAL **3e** \_\_\_\_\_
4. Enter the amount from line 2 or 3e. If the amounts are not equal, enter the larger amount . . **4** \_\_\_\_\_
5. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) . . . . . **5** \_\_\_\_\_
6. If line 4 is more than line 5, enter the difference on line 6. This is the TAX AMOUNT DUE . . **6** \_\_\_\_\_
7. If line 5 is more than line 4, enter the difference as the amount OVERPAID . . . . . **7** \_\_\_\_\_
  - If you are an annual filer, payment should accompany this form.
  - Be sure to include copies of all wage and tax statements with your WT-7.

These forms are:  attached and/or  submitted electronically

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FOR DEPT USE ONLY

Mail your return to:      Wisconsin Department of Revenue <i>If refund or tax due</i> ..... PO Box 8981, Madison WI 53708-8981 <i>If no tax due</i> ..... PO Box 8920, Madison WI 53708-8920
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**Phone: (608) 266-2776**  
**Email: [sales10@revenue.wi.gov](mailto:sales10@revenue.wi.gov)**  
**Website: [www.revenue.wi.gov](http://www.revenue.wi.gov)**

I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.

Contact Person (please print clearly)	Signature	Phone Number	Date
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## Taxpayer Information Changes

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> ) |   |  |

**Name Change**

New Legal Name

New Business Name

**Mailing Address Change**

Street Address or PO Box

City

State

Zip Code