Form

P-627

## Wisconsin Remote Seller Referral Form

Wisconsin Dept of Revenue Nexus Unit, MS 2-233 PO Box 8906 Madison WI 53708-8906

phone: (608) 266-2776 • FAX: (608) 266-5464 • email: DORNexusUnit@wisconsin.gov • website: revenue.wi.gov

Your Identificaton (Optional)	)					
Your name		Business name				
Mailing address		City		State	Zip	
C		,				
Telephone number (include area code)	Email address	<u> </u>	Website address			
If we have additional question	ns, may we contact you?				Yes No	
2. Do you want to remain anonymous?						
Disclaimers:						
<ul><li>(a) Under state privacy laws, we cannot disclose what, if any, action we take based on information you provide; and</li><li>(b) We do not offer rewards for reporting this information.</li></ul>						
Information on Business						
Business name		Legal business name (if known)				
0:						
Street address		City		State	Zip	
Telephone number (if known)	Email address (if known)	Website address (if known)				
Do you know this business makes more than \$100,000 of sales or 200 or more sales transactions into Wisconsin? Please explain how you know.						
Additional comments:						
Information on Business						
Business name		Legal business name (if known)				
Street address		City		State	Zip	
Telephone number (if known)	Email address (if known)		Website address (if known)			
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Additional comments:						

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Additional comments:						
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Telephone number (if known)	Email address (if known)		Website address (if known)			
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Additional comments:						
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Additional comments:						

## For Assistance

You can contact Wisconsin Department of Revenue at:

Phone: (608) 266-2776 Fax: (608) 266-5464

Email: DORNexusUnit@wisconsin.gov

## Mailing in the Form

Please include proof that each business you are referring is not collecting Wisconsin sales/use tax on sales made in Wisconsin (e.g. receipts, invoices, image of web page, etc.).

Mail the form(s) and additional information to:

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