



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 Withholding 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 → 0147      USE BLACK INK ONLY**

1. Enter the number of withholding statements (Forms W-2, 1099-R, W-2G, etc.) prepared for the calendar year indicated above ..... **1** \_\_\_\_\_
2. Total Wisconsin tax withheld shown on W-2s, 1099-Rs, W-2Gs, etc. .... **2** \_\_\_\_\_
3. Total Wisconsin advance earned income credit ..... **3** \_\_\_\_\_
4. Line 2 minus line 3 ..... **4** \_\_\_\_\_
5. Wisconsin tax withheld according to payroll records less all Wisconsin advance earned income credit paid to employees during each quarter:
  - a. Quarter ended March 31 (Months of Jan, Feb, Mar) ..... 1<sup>st</sup> Qtr **5a** \_\_\_\_\_
  - b. Quarter ended June 30 (Months of Apr, May, June) ..... 2<sup>nd</sup> Qtr **5b** \_\_\_\_\_
  - c. Quarter ended September 30 (Months of Jul, Aug, Sep) ..... 3<sup>rd</sup> Qtr **5c** \_\_\_\_\_
  - d. Quarter ended December 31 (Months of Oct, Nov, Dec) ..... 4<sup>th</sup> Qtr **5d** \_\_\_\_\_
  - e. Total (Add lines 5a, 5b, 5c, and 5d) ..... TOTAL **5e** \_\_\_\_\_
6. Enter the amount from line 4 or 5e, whichever is larger ..... **6** \_\_\_\_\_
7. Total withholding reported on Withholding Tax Deposit Reports (Forms WT-6 or EFT) ..... **7** \_\_\_\_\_
8. If line 6 is more than line 7, enter the difference on line 8. This is the TAX AMOUNT DUE .... **8** \_\_\_\_\_
9. If line 7 is more than line 6, enter the difference as the amount OVERPAID ..... **9** \_\_\_\_\_

- If you are an annual filer, payment should accompany this form.
- Be sure to include copies of all withholding 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 If refund or tax due ..... PO Box 8981, Madison WI 53708-8981 If no tax due ..... PO Box 8920, Madison WI 53708-8920
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**Phone: (608) 266-2776**  
**E-mail: 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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Please indicate reason for discontinuation:

- Deceased
- Merger with \_\_\_\_\_
- Partner added
- Formed LLC
- Business did not materialize
- Partner dropped
- Incorporated
- No taxable activity
- Sold to \_\_\_\_\_
- Other *(please explain)*

**Name Change**

New Legal Name
New Business Name

**Mailing Address Change**

Street Address or PO Box		
City	State	Zip code