



**State of Wisconsin • DEPARTMENT OF REVENUE**

DIVISION OF STATE AND LOCAL FINANCE • OFFICE OF TECHNICAL & ASSESSMENT SERVICES • MADISON, WI

**MAILING ADDRESS:**  
2135 Rimrock Road, MS 8-97  
MS 8-97 • PO Box 8971  
Madison, WI 53708-8971  
Phone: (608) 266-2149  
Fax: (608) 264-6897  
tif@revenue.wi.gov

December 11, 2014

40-292

Monica Schultz  
Clerk  
7525 W Greenfield Avenue  
West Allis, WI 53214

**Finalizing TID Termination**

The Wisconsin Department of Revenue (DOR) received your Tax Incremental District (TID) termination notice, (PE-223, *Final Accounting for Terminated TID*) dated December 11, 2014. We acknowledged, signed and attached a copy for your records.

**TID Information**

TID #	002
City	West Allis
CoMun code	40-292

Final accounting  
agreement due date: May 3, 2015

**Finalizing TID Termination**

Complete both these forms and submit them to DOR at the same time.

1. **TID Final Accounting Report Excel spreadsheet** - email a copy to [tif@revenue.wi.gov](mailto:tif@revenue.wi.gov)  
To guide you when filing, view the sample copy of form PE-110 in this spreadsheet, located on the "Draft Form" tab.
2. **PE-110 TID Final Accounting Report** - electronically file this form

Note: These forms are located on our TIF Accounting & Termination webpage at [www.revenue.wi.gov/forms/govtif/tidterm.html](http://www.revenue.wi.gov/forms/govtif/tidterm.html).

**Final reports due**

- Submit these final accounting reports by the *Final accounting agreement due date* above
- If you do not submit them by this due date, DOR will not certify or re-determine your future TIDs

**Questions?**

If you have questions, please contact us at [tif@revenue.wi.gov](mailto:tif@revenue.wi.gov).

Thank you for your cooperation.

Sincerely,

Community Services Specialist  
Office of Technical and Assessment Services

Attachment: PE-223

TID360WI



State of Wisconsin • DEPARTMENT OF REVENUE

DIVISION OF STATE AND LOCAL FINANCE • OFFICE OF TECHNICAL & ASSESSMENT SERVICES • MADISON, WI

ADDRESS MAIL TO:
2135 Rimrock Road, MS 6-97
PO Box 8971
Madison WI 53708-8971

TELEPHONE: (608) 266-2149
FAX: (608) 264-6897
EMAIL: tif@revenue.wi.gov

FINAL ACCOUNTING FOR TERMINATED TAX INCREMENTAL DISTRICT

WHEREAS, City of West Allis, Milwaukee County has terminated by municipal resolution, TID No. 2 on 11/3/2014. Notice was received by Department of Revenue (DOR) on [blank], as prescribed in 66.1105(8)(a), required within 60 days of the resolution.

Pursuant to Section 66.1105(8)(c), Wis. Stats., the city/village and the DOR shall agree on a date by which the city/village shall send to the department, on a form prescribed by the department, all of the following information that relates to the terminated tax incremental district:

- 1. A final accounting of all expenditures made by the city/village.
2. The total amount of project costs incurred by the city/village.
3. The total amount of positive tax increments received by the city/village.
4. The total amount of project costs, if any, not paid for with tax increments that become obligations of the city/village after the district was terminated.

Wis. State Stats. 66.1105(8)(d) clarifies that if a city or village does not send to the DOR the completed final accounting form within the agreed time frame, the DOR may not certify or redetermine the tax incremental base of any tax incremental districts until the form is received by the department.

Final accounting for TID No. 2 shall be submitted to the DOR, Office of Technical & Assessment Services, Tax Incremental Finance on 5/3/2015, (6 mos. from termination resolution date).

Within 60 days of the resolution, please complete the bottom portion of this letter acknowledging date and mail to:

Tax Incremental Finance, MS 6-97
PO Box 8971
Madison WI 53708-8971

If for some reason you are not able to submit the required information to DOR by the date stated above, please call (608) 266-5708 or email tif@revenue.wi.gov as soon as possible so arrangements can be made for your submittal.

Wisconsin Department of Revenue
By: [Signature]
(Signature of Revenue Representative)

City/Village Clerk
By: [Signature]
(Signature of Municipal Representative)