Form

1CNS

Due Date: April 17, 2012

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

Corporation

___ Check (✓) if this is an

2011

Complete form usi	AMENDED	return Yea	ar Ending	M D D	C C Y Y
Complete form using BLACK INK. Tax-Option (S) Corporation Name Federal Employ				r ID Number	
Number and Street				Suite	Number
City			State	Zip (+	4 digit suffix if known)
Person to Contact Regar	ding This Return	Telephone	e Number	Fax N	lumber
✓ Numbe	er of shareholders included in this return.				
	or or orial eriolates moladed in this retain.				
	ualifying shareholders may be included in				
this return. See in	nstructions for details.				
IF NO ENTRY ON	A LINE, LEAVE BLANK				
ENTER N	EGATIVE NUMBERS LIKE THIS \rightarrow -1000 NO	<u>T</u> LIKE THIS →(1000	0)	NO COM	MAS; <u>NO</u> CENTS
Schedule 1	Tax Computation				
	option (S) corporation income (loss) of qualifying areholders from Schedule 2, column D1			1	.00
	dule 2, column G				.00
_	nimum tax from Schedule 2, column H				.00
-	d 3. This is the total tax			<u></u>	.00.
	withheld as reported on Form PW-1 (from Sched				.00
	ırn Only – amount previously paid	•		·	.00.
_	d 6				.00.
_	urn Only – amount previously refunded				.00.
	from 7				.00.
_	than line 4, subtract line 9 from line 4 and enter				.00.
	e than line 4, subtract line 4 from line 9 and enter				
	bunt to be refunded to corporation			11	.00
	ny application for a federal extension of time to file eral Schedules K-1, or the Wisconsin Schedules		Form 1120S,	Wisconsi	n Form 5S, Wisconsii
	I have personally examined this return, including a best of my knowledge and belief, a true, correct, a Wisconsin Statutes. I also declare that this tax-opti each qualifying and participating nonresident share	and complete report of on corporation has a po	income under ower of attorne	the provision y or other w	ons of Chapter 71 of the ritten authorization fron
SIGNATURES	Signature of Authorized Officer	Title			Date
	Individual or Firm Signature of Preparer	Preparer's Federal Empl	oyer ID Number		Date
IF NOT FILING ELECTRONICALL	Make check payable to and mail return to:	Wisconsin Departm PO Box 8991		nue	

Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)										
(A)	(B)	(C)	(D1) Shareholder's Share of WI Net	(E) Federal	(F) Filing	(G)	(H)	(I)	(J)	
Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	Social Security Number	Pro Rata Share (%)	Income (Loss) (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 19)	Adjusted Gross Income From Form 1040	Status (S, H, MFJ, MFS)	Tax From Worksheet or 7.75% of (D1)	Alternative Minimum Tax	Tax Withheld from Form PW-1	Balance Due (Overpay- ment)	
a.			D1							
			D2							
b.			D1							
			D2							
c.			D1							
			D2							
d.			D1							
			D2							
e.			D1							
			D2							
f.			D1							
			D2							
g.			D1							
			D2							
h.			D1							
			D2							
i.			D1							
			D2							
j.			D1							
			D2							
k.			D1							
			D2							
TOTAL O (automorphism)		I	D1 total only		1					
TOTALS (enter on appropriate line on Schedule 1)										
				ı			L		J	