Form **4T** **Wisconsin Exempt Organization Business Franchise or Income Tax Return**

**2012**

For 2012 or taxable year beginning ___ ___ ___ ___ ___ ___ ___ ___ (M M D D C C Y Y) and ending ___ ___ ___ ___ ___ ___ ___ ___ (M M D D C C Y Y)

**Complete form using BLACK INK.** **Due Date:** 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

DO NOT STAPLE OR BIND

Exempt Organization Name

Number and Street | Suite Number

City | State | ZIP (+ 4 digit suffix if known) | **A** Federal Employer ID Number

**D Check ✓ if applicable and attach explanation:**

1 ☐ Amended return

2 ☐ First return - new corporation or entering Wisconsin

3 ☐ Final return - corporation dissolved or withdrew

4 ☐ Short period - change in accounting period

5 ☐ Short period - stock purchase or sale

**B** Business Activity (NAICS) Code

**C** State of Organization and Year

Enter abbreviation of state in box, or if a foreign country, enter below.

C C Y Y

**Check ✓ if applicable and see instructions:**

**E** ☐ If you have an extension of time to file, enter extended due date ___ ___ ___ ___ ___ ___ ___ ___ (M M D D C C Y Y)

**F** ☐ If you have related entity expenses and are required to file Schedule RT with this return.

**G** ☐ If you changed your organization name.

**H** ☐ Internal Revenue Service adjustments became final during the year.

Enter years adjusted ▶ ______________________________ .

**I Check ✓ type of organization:**

1 ☐ Corporation 2 ☐ Trust - due 4th month 3 ☐ Trust - due 5th month

**J** Name of Trustee if Taxable as Trust

**ENTER NEGATIVE NUMBERS LIKE THIS → –1000** **NOT LIKE THIS → (1000)** **NO COMMAS; NO CENTS**

PAPER CLIP check or money order here

**Organizations Taxable as Corporations** (Trusts do not fill in lines 1 through 13)

| | | | |
|---|---|---|---|
| 1 | Unrelated business taxable income (from federal Form 990-T, line 34) | 1 | .00 |
| 2 | Job creation deduction (from Schedule JC, line 7) | 2 | .00 |
| 3 | Subtract line 2 from line 1 | 3 | .00 |
| 4 | Total net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 8) | 4 | .00 |
| 5 | Subtract line 4 from line 3. This is apportionable unrelated business taxable income | 5 | .00 |
| 6 | Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form 4A-2, check (✓) the space after the arrow ▶ ☐<br>If 100% apportionment, check (✓) the space after the arrow ▶ ☐ | 6 | ___ ___ ___ . ___ ___ ___ ___ % |
| 7 | Multiply line 5 by line 6 | 7 | .00 |
| 8 | Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 9) | 8 | .00 |
| 9 | Combine lines 7 and 8. This is Wisconsin unrelated business taxable income (loss) | 9 | .00 |
| 10 | Enter 7.9% (0.079) of amount on line 9. This is gross tax | 10 | .00 |
| 11 | Nonrefundable credits (from Schedule CR, line 51) | 11 | .00 |
| 12 | Relocated business credit. If qualified, subtract line 11 from line 10. If not qualified, enter 0. Check here if claimed ☐ | 12 | .00 |
| 13 | Subtract lines 11 and 12 from line 10. If lines 11 and 12 are greater than line 10, enter zero (0). This is net tax | 13 | .00 |

**Organizations Taxable as Trusts** (Corporations do not fill in lines 14 through 23)

| | | | |
|---|---|---|---|
| 14 | Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) | 14 | .00 |
| 15 | Additions (from Schedule T1, line 10 on page 3) | 15 | .00 |
| 16 | Add lines 14 and 15 | 16 | .00 |
| 17 | Subtractions (from Schedule T2, line 8 on page 3) | 17 | .00 |

| | | | |
|---|---|---|---|
| 18 | Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income | | 18 .00 |
| 19 | Tax from tax table on amount on line 18. This is gross tax | | 19 .00 |
| 20 | Nonrefundable credits (from Schedule CR, line 8 plus line 21) | | 20 .00 |
| 21 | Net income tax paid to other states | | 21 .00 |
| 22 | Add lines 20 and 21 | | 22 .00 |
| 23 | Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax | | 23 .00 |
| 24 | Tax from line 13 or 23 | | 24 .00 |
| 25 | Economic development surcharge (see instructions) | | 25 .00 |
| 26 | Endangered resources donation (decreases refund or increases amount owed) | | 26 .00 |
| 27 | Veterans trust fund donation (decreases refund or increases amount owed) VETS | | 27 .00 |
| 28 | Add lines 24 through 27 | | 28 .00 |
| 29 | Estimated tax payments less refund from Form 4466W. | 29 .00 | |
| 30 | Wisconsin tax withheld | 30 .00 | |
| 31 | Refundable credits (from Schedule CR, line 32 or line 54) | 31 .00 | |
| 32 | Amended Return Only – amount previously paid | 32 .00 | |
| 33 | Add lines 29 through 32 | 33 .00 | |
| 34 | Amended Return Only – amount previously refunded | 34 .00 | |
| 35 | Subtract line 34 from 33 | | 35 .00 |
| 36 | Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow ▶ ☐ | | 36 .00 |
| 37 | **Tax due.** If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36 | | 37 .00 |
| 38 | **Overpayment.** If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35 | | 38 .00 |
| 39 | Enter amount of line 38 you want credited on 2013 estimated tax | 39 .00 | |
| 40 | Subtract line 39 from line 38. **This is your refund** | | 40 .00 |
| 41 | Enter total gross receipts from all unrelated trade or business activities | | 41 .00 |

**Additional Information Required**

1 Person to contact concerning this return: ____________ Phone #: ________ Fax #: ________

2 City and state where books and records are located for audit purposes: ____________

3 Are you the sole owner of any limited liability companies (LLCs)? ☐ Yes ☐ No If yes, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes of these entities in this return? ☐ Yes ☐ No

4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? ☐ Yes ☐ No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)

5 List the locations of your Wisconsin operations: ____________

*Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

| Signature of Officer or Trustee ▶ | Title | Date |
|---|---|---|
| Preparer's Signature ▶ | Preparer's Federal Employer ID Number | Date |

**You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.**

If you are not filing your return electronically,
make your check payable to and mail your return to:

Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908

## Schedule T1 – Trust Additions *(See instructions)*

| | | | |
|---|---|---|---|
| 1 | Interest income (less related expenses) from state and municipal obligations | 1 | |
| 2 | State and local franchise or income taxes | 2 | |
| 3 | Capital gain/loss adjustment | 3 | |
| 4 | Federal net operating loss carryover | 4 | |
| 5 | Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) | 5 | |
| 6 | Domestic production activities deduction | 6 | |
| 7 | Transitional adjustments | 7 | |
| 8 | Credits computed (see instructions for list of applicable credits) | 8 | |
| 9 | Other: | 9 | |
| 10 | Total (enter on page 1, line 15) | 10 | |

## Schedule T2 – Trust Subtractions *(See instructions)*

| | | | |
|---|---|---|---|
| 1 | Interest income (less related expenses) from United States government obligations | 1 | |
| 2 | Capital gain/loss adjustment | 2 | |
| 3 | Wisconsin net operating loss carryforward | 3 | |
| 4 | Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) | 4 | |
| 5 | Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) | 5 | |
| 6 | Transitional adjustments | 6 | |
| 7 | Other: | 7 | |
| 8 | Total (enter on page 1, line 17) | 8 | |