

Form **4** **Wisconsin Corporation**
Franchise or Income Tax Return

For 2013 or taxable year beginning and ending

2013

Complete form using BLACK INK.

Due Date: 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name

Number and Street			Suite Number
City	State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number
D Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale			B Business Activity (NAICS) Code C State of Incorporation and Year <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> Enter abbreviation of state in box, or if a foreign country, enter below. </div> <u> </u> <u> </u> <u> </u> <u> </u>

Check ☐ if applicable and see instructions:

- E** ☐ If this is a combined return. Enter number of companies included ►
- F** ☐ If you have an extension of time to file. Enter extended due date
- G** ☐ If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.
- H** ☐ If you have related entity expenses and are required to file Schedule RT with this return.
- I** ☐ If this return is for an insurance company (check only if this is not a combined return).
- J** ☐ If you filed a federal consolidated return, enter Parent Company's federal employer ID number ►
(Attach statement - see instructions).
- K** ☐ IRS adjustments became final during the year. Years adjusted ►







IF NO ENTRY ON A LINE, LEAVE BLANK

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

1 If this is a combined return, enter the amount from Form 4R, line 26. If this is not a combined return, enter the amount from Form 1120, line 28.	1 <u> </u> .00
2 Additions (from Schedule V, line 13)	2 <u> </u> .00
3 Add lines 1 and 2	3 <u> </u> .00
4 Subtractions (from Schedule W, line 16)	4 <u> </u> .00
5 Subtract line 4 from line 3	5 <u> </u> .00
6 Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6 <u> </u> .00
7 Subtract line 6 from line 5. <i>Combined groups: This is your combined unitary income.</i>	7 <u> </u> .00
8 Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow If 100% apportionment, check (✓) the space after the arrow.	8 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> %
9 Multiply line 7 by line 8	9 <u> </u> .00
10 Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10 <u> </u> .00
11 Add lines 9 and 10	11 <u> </u> .00
12 <i>Combined returns only:</i> Net capital loss adjustment (from Form(s) 4M, line N)	12 <u> </u> .00
13 Subtract line 12 from line 11	13 <u> </u> .00

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

14	Enter amount from line 13	14	_____	.00
15	Loss adjustment for insurance companies (from Schedule(s) 4I, line 24).	15	_____	.00
16	Add lines 14 and 15. This is the Wisconsin income before net business loss carryforwards	16	_____	.00
17	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30(f) for separate entity filers). Do not enter more than line 16	17	_____	.00
18	Subtract line 17 from line 16. This is Wisconsin net income or loss 	18	_____	.00
19	Enter 7.9% (0.079) of Wisconsin net income on line 18. This is tentative gross tax	19	_____	.00
20	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	20	_____	.00
21	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 20 from line 19)	21	_____	.00
22	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR for separate entity filers).	22	_____	.00
23	Relocated business credit. If qualified, see instructions. If not qualified, enter 0. Check here if claimed <input type="checkbox"/>	23	_____	.00
24	Subtract lines 22 and 23 from line 21. If the total of lines 22 and 23 is more than line 21, enter zero (0). This is net tax	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) . . . 	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 (see instructions)	30	_____	.00
31	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR for separate entity filers)	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 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 from line 38 you want credited on 2014 estimated tax	39	_____	.00
40	Subtract line 39 from line 38. This is your refund	40	_____	.00



- 41** Enter total gross receipts from all activities (see instructions). **41** _____ **.00**
- 42** Enter total assets from federal Form 1120 **42** _____ **.00**
- 43** Total Wisconsin tangible property (see instructions) **43** _____ **.00**
- 44** Total tangible property (see instructions) **44** _____ **.00**
- 45** Total Wisconsin payroll (see instructions) **45** _____ **.00**
- 46** Total payroll (see instructions) **46** _____ **.00**
- 47** Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) **47** _____ **.00**
- 48** Total sales, receipts, or premiums included in apportionment ratio (see instructions). **48** _____ **.00**
- 49** Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?
☐ Yes ☐ No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.
- 50** Did you include the income of the LLCs listed for item 49 in this return?
☐ Yes ☐ No
- 51** Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?
☐ Yes ☐ No
- 52** Person to contact concerning this return: Last name _____ First name _____
 Phone #: _____ Fax #: _____
- 53** City and state where books and records are located for audit purposes: City _____ State _____
- 54** List the locations of Wisconsin operations: _____
- 55** ☐ Yes ☐ No Are any manufacturing facilities located in Wisconsin?
- 56** Did you file federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service?
☐ Yes ☐ No If yes, enclose federal Schedule UTP with your Wisconsin tax return.
- 57** Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service?
☐ Yes ☐ No If yes, enclose federal Form 8886 with your Wisconsin tax return.

**Third
Party
Designee**

Do you want to allow another person to discuss this return with the department? ☐ **Yes** Complete the following. ☐ **No**

Designee's
name ▶

Phone
no. ▶ ()

Personal
identification
number (PIN) ▶

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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 ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

You must file a copy of your federal return with Form 4, even if no Wisconsin activity.

If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.

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

