

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

For 2013 or taxable year beginning and ending

2013

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.
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 4 Short period - change in accounting period
 3 Final return - corporation dissolved or withdrew 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.
 _____ Y Y Y Y

Check if applicable and see instructions:

E If you have an extension of time to file, enter extended due date

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

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 <input type="checkbox"/>	6 _____	%
If 100% apportionment, check (✓) the space after the arrow <input type="checkbox"/>		
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)	11 _____	.00
12 Relocated business credit. If qualified, subtract line 11 from line 10. If not qualified, enter 0. Check here if claimed <input type="checkbox"/>	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

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

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	=====