DO NOT STAPLE OR BIND

Wisconsin Exempt Organization Business Franchise or Income Tax Return

2015

		omplete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year. xempt Organization Name							
R BIND	Num	umber and Street Suite Number							
STAPLE OR	City		State	ZIP (+ 4 digit suffix if known)	A Federal Employer	 D Number			
STA	D C	heck ✓ if applicable and attach explanation:	B Busines:	s Activity (NAICS) Code	C State of Organizati				
NOT	1 .	, Amended return			state in bo				
00	2 _	First return - new corporation or entering Wisconsin 4 S	below.	untry, enter					
	3 [3 Final return - corporation dissolved or withdrew 5 Short period - stock purchase or sale							
		k √ if applicable and see instructions:							
	E	If you have an extension of time to file, enter extended due date _	M M D D	<u> </u>					
		, If you have related entity expenses and are required to file Schedule RT with this return.							
	G _	If you changed your organization name.							
	н,	, If you changed your organization name, Internal Revenue Service adjustments became final during the year.							
		Enter years adjusted ▶							
	I CI	theck ✓ type of organization: J Name of Trustee if Taxable as Trust							
	1,	Corporation 2 Trust - due 4th month 3 Trust - due 5th month							
		ENTER NEGATIVE NUMBERS LIKE THIS $ ightarrow$ $-$	1000 <u>N</u>	OT LIKE THIS \rightarrow (1000)	NO CO	OMMAS; <u>NO</u> CENTS			
,	Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)								
Y	1	1 Unrelated business taxable income (from federal Form 990-T, line 34)							
	<u>2</u>	Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) 2							
here	<u>3</u>	Subtract line 2 from line 1. This is apportionable unrelated business taxable income							
check or money order here	<u>4</u>	Wisconsin apportionment percentage (from Form A-1 does not apply, enter "100.0000%"). If percentage is the space after the arrow	from Form	n A-2, check (✓)	4	• %			
mon		If 100% apportionment, check (✓) the space after the				~			
or	5	Multiply line 3 by line 4				. 00			
hec	6	Wisconsin net nonapportionable unrelated business ta				. 00			
	<u> 7</u>	Combine lines 5 and 6. This is Wisconsin unrelated				. 00			
PAPER CLIP	8	Enter 7.9% (0.079) of amount on line 7. This is gross	s tax		8	. 00			
4 <i>PE</i>	9	Nonrefundable credits (from Schedule CR)			9	•00			
ď	<u>10</u>	Subtract line 9 from line 8. If line 9 is greater than line	8, enter ze	ero (0). This is net tax	10	•00			
	Org	anizations Taxable as Trusts (Corporations do not f	ill in lines 1	1 through 20)					
	<u>11</u>	Unrelated business taxable income (from federal For Form 4720)				. 00			
	<u>12</u>	Additions (from Schedule T1, line 10 on page 3)							
	<u>13</u>	Add lines 11 and 12							
	14	Subtractions (from Schedule T2, line 8 on page 3) .				. 00			
	<u>15</u>	Subtract line 14 from line 13. This is Wisconsin unre				.00			
		Tax from tax table on amount on line 15. This is gross			16	-00			

2015 Form 4T Page 2 of 3 .00 .00 .00 .00 Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax . . . 20 .00 21 .00 .00 .00 .00 Estimated tax payments less refund from Form 4466W. . . 26 **.**00 27 Refundable credits (from Schedule CR) 28 Amended Return Only – amount previously paid 29 Amended Return Only – amount previously refunded 31 _ .00 **32** Subtract line 31 from 30..... 33 Interest, penalty, and late fee due (from Form U, line 17 or 26). .00 34 Tax due. If the total of lines 25 and 33 is larger than line 32, subtract line 32 from the total of .00 35 Overpayment. If line 32 is larger than the total of lines 25 and 33, subtract the total of lines •00 Enter amount of line 35 you want credited on 2016 estimated tax . . 36 _ .00 .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, complete Schedule DE and include with this return. 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 ___ No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. of a state sales or use tax? ____ Yes (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: **Third** Do you want to allow another person to discuss this return with the department? __ Yes Complete the following. ____ No **Party** Phone Number **v** Personal Identification Number (PIN) Print Designee's Designee Name 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 Date Date Preparer's Signature Preparer's Federal Employer ID Number

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



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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):		
8a	Community rehabilitation program credit	8a	
8b	Development zones credits	8b	
8c	Economic development tax credit	8c	
8d	Enterprise zone jobs credit	8d	
8e	Farmland preservation credit		
8f	Jobs tax credit		
8g	Manufacturing and agriculture credit.	8g	
8h	Manufacturing investment credit	8h	
8i	Research expense credit	8i	
8j	Technology zone credit	8j	
9	Other:	9	
10	Total (enter on page 1, line 12)	10	
	Total (enter on page 1, line 12)	1	
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che 1 2	Total (enter on page 1, line 12) dule T2 – Trust Subtractions (See instructions) Interest income (less related expenses) from United States government obligations Capital gain/loss adjustment	1 2 3	
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3 4 5	Total (enter on page 1, line 12) edule T2 – Trust Subtractions (See instructions) Interest income (less related expenses) from United States government obligations Capital gain/loss adjustment Wisconsin net operating loss carryforward Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	1 2 3 4 5 6	
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