

**Wisconsin Adjustments for Insurance Companies**

**2015**

File with Wisconsin Form 4

Wisconsin Department of Revenue

*Read instructions before filling in this form*

Corporation Name

Federal Employer ID Number

**Part I Additions Specific to Insurance Companies**

- 1** Loss carryforward deducted in the calculation of federal taxable income. . . . . **1** \_\_\_\_\_
- 2** Dividend income received to the extent not included in the amount on Form 4, line 1 . . . . . **2** \_\_\_\_\_
- 3** Additional federal deduction for insurers required to discount unpaid losses. . . . . **3** \_\_\_\_\_
- 4** Add lines 1 through 3. Enter this amount on Schedule 4V, line 9. . . . . **4** \_\_\_\_\_

**Part II Nontaxable Income from Life Insurance Operations**

- 5** Insurance company's federal taxable income as reported or included on Form 4, line 1 . . . . . **5** \_\_\_\_\_
- 6** Insurance company's total addition modifications from Schedule 4V, line 11 . . . . . **6** \_\_\_\_\_
- 7** Add lines 5 and 6 . . . . . **7** \_\_\_\_\_
- 8** Insurance company's total subtraction modifications from Schedule 4W, lines 1 through 13i . . . . . **8** \_\_\_\_\_
- 9** Subtract line 8 from line 7. . . . . **9** \_\_\_\_\_
- 10a** Enter net gain from operations other than life insurance . . . . . **10a** \_\_\_\_\_
- 10b** Enter total net gain from operations . . . . . **10b** \_\_\_\_\_
- 11** Divide line 10a by line 10b and enter result as a percentage (see instructions). . . . . **11** \_\_\_\_\_ . \_\_\_\_\_ %
- 12** Multiply line 9 by line 11 . . . . . **12** \_\_\_\_\_
- 13** Subtract line 12 from line 9. Enter this amount on Schedule 4W, line 14 . . . . . **13** \_\_\_\_\_

**Part III Net Business Loss Adjustment for Insurance Companies**

- 14** Enter net income or loss from Form 4, line 9. . . . . **14** \_\_\_\_\_
- 15** Enter the net income or loss from Form 4, line 10. . . . . **15** \_\_\_\_\_
- 16** Add lines 14 and 15. If the amount is positive, there is no net business loss adjustment. If the amount is negative, complete lines 17 to 20. . . . . **16** \_\_\_\_\_
- 17** Enter the total dividends received deduction from Schedule 4Y, computed as explained in the instructions. Enter as a negative number . . . . . **17** \_\_\_\_\_
- 18** Enter the apportionment percentage from Form 4, line 8. . . . . **18** \_\_\_\_\_ . \_\_\_\_\_ %

**19** Multiply line 17 by line 18 . . . . . **19** \_\_\_\_\_

**20** If the absolute value of the amount on line 19 exceeds the absolute value of the amount on line 16, enter the amount from line 16 as a positive number. If the absolute value of the amount on line 16 exceeds the absolute value of the amount on line 19, enter the amount from line 19 as a positive number. Enter or include this amount on Form 4, line 12 . . . . . **20** \_\_\_\_\_

**Part IV Tax Adjustment for Insurance Companies**

**21** Insurance company's Wisconsin net income from Form 4, line 15. . . . . **21** \_\_\_\_\_

**22** Multiply line 21 by 7.9% . . . . . **22** \_\_\_\_\_

**23a** Insurance company's gross premiums as defined in s. 76.62, Wis. Stats. . . . . **23a** \_\_\_\_\_

**23b** Multiply line 23a by 2%. . . . . **23b** \_\_\_\_\_

**24a** Wisconsin income realized from lottery prizes as reported on Form N, line 5. . . . . **24a** \_\_\_\_\_

**24b** Multiply line 24a by 7.9% . . . . . **24b** \_\_\_\_\_

**25** Add lines 23b and 24b . . . . . **25** \_\_\_\_\_

**26** If line 25 is greater than line 22, enter \$0 on line 26. If line 25 is less than line 22, subtract line 25 from line 22 and enter the result on line 26. This is the tax adjustment to enter or include on Form 4, line 17 . . . . . **26** \_\_\_\_\_