Wisconsin Exempt Organization Business Franchise or Income Tax Return

2016

		omplete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year tempt Organization Name							
ð									
R BIND	Num	Number and Street							
DO NOT	City		State	ZIP (+ 4 digit suffix if known)	A Federal Emplo	yer ID Number			
	D C	heck ✓ if applicable and attach explanation:	ization and Year						
	1 Amended return				state in box,	abbreviation of in box, or if a			
	2 _	First return - new corporation or entering Wisconsin 4 Sho	foreig below	n country, enter					
	3 _	Final return - corporation dissolved or withdrew 5 Sho							
		eck ✓ if applicable and see instructions:							
	E	If you have an extension of time to file, enter extended due date M _ M _ D _ D _ Y _ Y _ Y _ Y							
		M M D D Y Y Y Y , If you have related entity expenses and are required to file Schedule RT with this return.							
		, If you changed your organization name.							
	" _	Enter years adjusted ▶							
	I Ch	eck ✓ type of organization:		J Name of Trustee if Taxable	as Trust				
	1	Corporation 2 Trust - due 4th month 3 Trust - due 5	oth month						
		ENTER NEGATIVE NUMBERS LIKE THIS → -10	COMMAS; NO CENTS						
	Org	ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 NOT LIKE THIS \rightarrow (1000) NO CO Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)							
	7 1	Unrelated business taxable income (from federal Form	•00						
9	2	Total net nonapportionable unrelated business taxable	.00						
here	<u>3</u>	Subtract line 2 from line 1. This is apportionable unrel	.00						
order here	<u>4</u>	Wisconsin apportionment percentage (from Form A-1 c does not apply, enter "100.0000%"). If percentage is							
heck or money		the space after the arrow	%						
r mo		If 100% apportionment, check (\checkmark) the space after the							
ck o	<u>5</u>	Multiply line 3 by line 4	.00						
che	<u>6</u>	Wisconsin net nonapportionable unrelated business tax	.00						
TIP	<u>7</u>	Combine lines 5 and 6. This is Wisconsin unrelated by	7	. 00					
PAPER CLIP	<u>8</u>	Enter 7.9% (0.079) of amount on line 7. This is gross $\stackrel{\cdot}{}$	8	. 00					
PAPI	9	Nonrefundable credits (from Schedule CR) $\ldots\ldots$.			9	.00			
	<u>10</u>	Subtract line 9 from line 8. If line 9 is greater than line 8	.00						
	Org	Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 20)							
	<u>11</u>	Unrelated business taxable income (from federal Form Form 4720)	.00						
	12	Additions (from Schedule T1, line 10 on page 3)							
	13	Add lines 11 and 12							
	14	Subtractions (from Schedule T2, line 8 on page 3)							
	15	Subtract line 14 from line 13. This is Wisconsin unrela				.00			
	_	Tax from tax table on amount on line 15. This is gross				.00			
	10	Tax Itotti tax table on amount on line 15. This is gross	. lax		10	• (

2016 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 tax00 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 2017 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: Do you want to allow another person to discuss this return with the department? Third ____ 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 Preparer's Federal Employer ID Number Date Preparer's Signature

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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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 Business development credit 8a 8b Business development tredit 8b 8c Becommunity rehabilitation program credit 8b 8c Beconomic development tax credit 8d 8e Enterprise zone jobs credit 8e 8f Farmland preservation credit 8f 8g 8h 8g 8h Manufacturing and agriculture credit 8h 8i Manufacturing investment credit 8i 8j Research expense credit 8j 8k Other: 9	Sche	edule T1 – Trust Additions (See instructions)	
3 Capital gain/loss adjustment	1	Interest income (less related expenses) from state and municipal obligations	1
4 Federal net operating loss carryover	2	State and local franchise or income taxes	2
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 Business development credit 8a 8b Community rehabilitation program credit 8b 8c Be Community rehabilitation program credit 8c 8d Economic development zones credits 8c 8d Economic development tax credit 8d 8e Enterprise zone jobs credit 8e 8f Farmland preservation credit 8f 8g Jobs tax credit 8g 8h Manufacturing and agriculture credit 8i 8i Manufacturing investment credit 8i 8j Research expense credit 8j 8k Technology zone credit 8k 9 Other: 9 10 Total (enter on page 1, line 12) 10 Schedule T2 – Trust Subtractions (See instructions) <td< th=""><th>3</th><th>Capital gain/loss adjustment</th><th>3</th></td<>	3	Capital gain/loss adjustment	3
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8i Manufacturing investment credit	8g	Jobs tax credit	8g
8j Research expense credit	8h	Manufacturing and agriculture credit	8h
8k Technology zone credit	8i	Manufacturing investment credit	8i
9 Other: 9 10 Total (enter on page 1, line 12)	8j	Research expense credit	8j
Total (enter on page 1, line 12)	8k	Technology zone credit	8k
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