Wisconsin Non-Combined Corporation Franchise or Income Tax Return

.00

	For 2	2017 or taxable year beginning ${M} = {M} = {D} = {D} = {Y} = {Y}$	nd ending	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y}	-	20	, , ,				
	0					on of towards were Con-					
		Due Date: Generally the 15th day of 4th month following close of taxable year. See instructions or									
٥	Nun	umber and Street Suite Number									
DO NOT STATE ON BIS	INUII	iber and Greek	Suite Number								
	City		A Federal	Employer ID Number							
	D C	heck √ if applicable and attach explanation:	B Busines	ss Activity (NAICS) Code							
	1 ,	, Amended return 4, Sho	C State of	f Incorporation and	Year						
	2	First return - new corporation or entering Wisconsin 5 Sho		Enter abbreviation of state in box, or if a	-						
	3	, Final return - corporation dissolved or withdrew		foreign country, enter below.							
	Che	eck ✓ if applicable and see instructions:									
	Ε.	If you have an extension of time to file. Enter extended due date									
		If you have an extension of time to file. Enter extended due date M M D D Y Y Y Y									
	٠ ـ	If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.									
	G _	If you have related entity expenses and are required to file Schedule F	RT with this r	eturn.							
	н_	If this return is for an insurance company.									
	ı	IRS adjustments became final during the year. Years adjusted ▶									
	DO	NOT USE THIS FORM IF FILING AS A COMBINED GR	OUP	IF N	O ENTR	Y ON A LINE, LEAVE	BLANK				
		ENTER NEGATIVE NUMBERS LIKE THIS $ ightarrow$ -10	000 <u>NO</u>	\underline{T} LIKE THIS \Rightarrow (1000)		NO COMMAS; NO	CENTS				
/	<u>1</u>	Enter the amount from Form 1120, line 28			1		.00				
IJ	<u>2</u>	Additions (from Schedule 4V, line 11)			2		. 00				
	<u>3</u>	Add lines 1 and 2			3		. 00				
	<u>4</u>	Subtractions (from Schedule 4W, line 15)			4		. 00				
	<u>5</u>	Subtract line 4 from line 3			5		. 00				
	<u>6</u>	Total company net nonapportionable and separately ap			•		. 00				
	7	(from Form(s) N, line 8)									
	7	Subtract line 6 from line 5					.00				
	<u>8</u>	Wisconsin apportionment percentage. Enter the apport Form A-2. If the percentage is from Form A-2, check (✓					%				
		If 100% apportionment, check (\checkmark) the space after the a	arrow								
		If using separate accounting, check (\checkmark) the space after	the arrov	V							
	9	Multiply line 7 by line 8			9		.00				
	<u>10</u>	Wisconsin net nonapportionable and separately apport									
		(from Form N, line 14)					.00				
		Add lines 9 and 10					.00				
	<u>12</u>	Loss adjustment for insurance companies (from Sched									
	<u>13</u>	Add lines 11 and 12. This is the Wisconsin income before		-			. 00				
	<u>14</u>	Wisconsin net business loss carryforward from Form 4B	L, line 30(f). Do not enter more tha	n 11		00				

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<u>16</u>	Enter 7.9% (0.079) of Wisconsin net income on line 15. This is tentative gross tax	1600
<u>17</u>	Tax adjustment for insurance companies (from Schedule 4I, line 26)	. 00
<u>18</u>	Gross tax (subtract line 17 from line 16).	18
<u>19</u>	Nonrefundable credits (from Schedule CR)	19
<u>20</u>	Subtract line 19 from line 18. If line 19 is more than line 18, enter zero (0). This is net tax	20
<u>21</u>	Economic development surcharge (see instructions)	21
<u>22</u>	Endangered resources donation (decreases refund or increases amount owed)	22
<u>23</u>	Veterans trust fund donation (decreases refund or increases amount owed)	23 .00
<u>24</u>	Add lines 20 through 23	24
<u>25</u>	Estimated tax payments and 2016 credit carryforward, less refund from Form 4466W	
<u> 26</u>	Wisconsin tax withheld (see instructions)	
<u>27</u>	Refundable credits (from Schedule CR)	
<u>28</u>	Amended Return Only – amount previously paid 28	
<u>29</u>	Add lines 25 through 28	
<u>30</u>	Amended Return Only – amount previously refunded 30	
<u>31</u>	Subtract line 30 from 29	. 31
<u>32</u>	Interest, penalty, and late fee due (from Form U, line 17 or 26) If you annualized income on Form U, check (✓) the space after the arrow	.00
<u>33</u>	Amount Due. If the total of lines 24 and 32 is larger than 31, subtract line 31 from the total of lines 24 and 32	.33
<u>34</u>	Overpayment. If line 31 is larger than the total of lines 24 and 32, subtract the total of lines 24 and 32 from line 31	34
<u>35</u>	Enter amount from line 34 you want credited on 2018 estimated tax	
<u>36</u>	Subtract line 35 from line 34. This is your refund	. 36
<u>37</u>	Enter total gross receipts from all activities (see instructions)	. 37
<u>38</u>	Enter total assets from federal Form 1120	. 38
<u>39</u>	Total Wisconsin tangible property (see instructions)	. 39
<u>40</u>	Total tangible property (see instructions)	. 40
<u>41</u>	Total Wisconsin payroll (see instructions)	. 4100
<u>42</u>	Total payroll (see instructions)	. 4200
<u>43</u>	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions	.00
<u>44</u>	Total sales, receipts, or premiums included in apportionment ratio (see instructions)	. 44



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<u>45</u>	Is the corporation the sole owner of any limited liability companies? Yes No If yes, prepare and submit Schedule DE with this return.									
<u>46</u>	Did you include the income of the LLCs listed for item 45 in this return? Yes No									
<u>47</u>	Did you 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									
<u>48</u>	Person to	contact concerning this return:								
	Last nam	e:	First name:							
	Phone #:		Fax #:							
<u>49</u>	City and	state where books and records are loca	ated for audit purposes: City	State						
<u>50</u>	List the locations of Wisconsin operations:									
51	Yes No Are any manufacturing facilities located in Wisconsin?									
<u>52</u>	Yes No If yes, enclose federal Schedule UTP with your Wisconsin tax return.									
Und	rty signee		Phone Number ▼ ————————————————————————————————————							
Signature of Officer		eer	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 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

