2017 Form 6I - Wisconsin Adjustment for Insurance Companies

De	signated Agent Name		Federal Emp	loyer ID Number			
Pa	t I Additions Specific to Insurance Companies						
	Corporation Name:				Elimination		Combined
	FEIN:				Adjustments		<u>Totals</u>
1	Loss carryforward deducted in the calculation of federal taxable income 1	.00	.00	.00	.00	1 _	.00
2	Dividend income received to the extent not included in the amount on Form 6, Part I, line 4	.00	.00	.00	.00	2 _	.00
3	Additional federal deduction for insurers required to discount unpaid losses 3	.00	.00	.00	.00	3	.00
4	Add lines 1 through 3. Enter this amount on Form 6, Part II, line 2i	.00	.00	.00	.00	4	.00
Pai	t II Nontaxable Income from Life Insurance Op	erations					
5	Insurance company's federal taxable income as reported or included on Form 6, Part II, line 1	.00	.00	.00	.00	5	.00
6	Insurance company's total addition modi- fications from Form 6, Part II, line 2k 6	.00	.00	.00	.00	6 _	.00
7	Add lines 5 and 6	.00	.00	.00	.00	7	.00
8	Insurance company's total subtraction modifications from Form 6, Part II, lines 4a through 4I plus line 4m-e	.00	.00	00	.00	8	.00
٩		.00	.00	.00	.00	9 _	.00
	Enter net gain from operations other					• _	
100	than life insurance	.00	.00	.00	.00	10a _	.00
10	Enter total net gain from operations 10b	.00	.00	.00	.00	10b _	.00
11		%	^	%	%	11 _	•%
12	Multiply line 9 by line 11	.00	.00	.00	.00	12	.00
13	Subtract line 12 from line 9. Enter this amount on Form 6, Part II, line 4n 13	.00	.00	.00	.00	13	.00

2017 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name			Federal Employer ID Nu	Imber			
Ра	rt III Net Business Loss Adjustment for Ins	urance C	ompanies				
	Corporation Nam	e:				0	h :
	FEIN:						ombined <u>Totals</u>
14	Enter amount from the insurance company's Form 6, Part III, line 2, net of any amount on line 3 of that same form		.00	.00	.00	14	.00
15	Enter amount from the insurance company's Form 6, Part III, line 4	15	.00	.00	.00	15	.00
16	Add lines 14 and 15	16	.00	.00	.00	16	.00
17	Enter net capital loss adjustment from Form 6, Part III, line 5 (enter as a positive amount)	17	.00	.00	.00	17	.00
18	Subtract line 17 from line 16. If the amount on line 18 is positive, there is no net busi- ness loss adjustment. If this amount is negative, complete lines 19 to 24	18	.00	.00	.00	18	.00
19	Enter the total dividends received deduction from Schedule 6Y, computed as explained in the instructions. Enter as a negative number	19	.00	.00	.00	19	.00
20	Enter the member's Wisconsin percentage from Form 6, Part III, line 1d, or if a member of a 100% Wisconsin group, enter "100.0000%."		*%	_•%	•%	20	•%
21	Multiply line 19 by line 20	21	.00	.00	.00	21	.00
22	Enter the dividends received deduction attributable to dividends reported on Form N, computed as explained in the instructions. Enter as a negative number		.00	.00	.00	22	.00
23	Add lines 21 and 22	23	.00		.00	23	.00
24	If the absolute value of the amount on line 23 exceeds the absolute value of the amount on line 18, enter the amount from line 18 as a positive number. If the absolute value of the amount on line 18 exceeds the absolute value of the amount on line 23, enter the amount from line 23 as a positive number. Enter or include this amount on Form 6, Part III, line 6	9	.00	.00	.00	24	.00

2017 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name			Federal Emp	loyer ID Number				
Part	IV Tax Computation for Insurance Com	panies						
	Corporation Na	me:				Elimination		Combined
	FEIN:					Adjustments		Totals
25	Use the amounts on Form 6, Part III to compute the insurance company's share of the combined Wisconsin net income. See instructions	25	.00	.00	.00	.00	25	.00
26	Multiply line 25 by 7.9%	26 _	.00	.00	.00	.00	26	.00
27a	Insurance company's gross premiums as defined in s. 76.62, Wis. Stats	27a _	.00	.00	00	.00	27a	.00
27b	Multiply line 27a by 2%	27b _	.00	.00	.00	.00	27b	.00
28a	Wisconsin income realized from lottery prizes as reported on Form N, line 5	28a _	.00	.00	00	.00	28a	.00
28b	Multiply line 28a by 7.9%	28b	.00	.00	.00	.00	28b	.00
29	Add lines 27b and 28b	29	.00	.00	.00	.00	29	.00
30	Enter the lesser of the amounts on line 26 or line 29. This is the amount to enter on Form 6, Part III, line 9	30 _	.00	.00	.00	.00	30	.00