Form

## Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

L



Due Date: April 15, 2021

1CNS

## Check (✓) if this is an AMENDED return (Include Schedule AR)

└── Check (✓) if this is a final return

Corporation Year Ending  $\frac{1}{M}$   $\frac{1}{M}$   $\frac{1}{D}$   $\frac{2}{D}$   $\frac{2}{Y}$   $\frac{0}{Y}$   $\frac{2}{Y}$   $\frac{0}{Y}$ 

## This form must be filed ELECTRONICALLY.

Tax-Option (S) Corporation Name	Fe	ederal Employer ID N	umber
Number and Street			Suite Number
City		State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding This Return	Telephone	Number	Fax Number
<ul> <li>Number of shareholders included in this return.</li> </ul>	•		

Caution: Only qualifying shareholders may be included in this return. See instructions for details.

S	chedule 1 Tax Computation		
1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1	1	.00
2	Tax from Schedule 2, column G	2	.00
3	Wisconsin tax withheld from Schedule 2, column H	3	.00
4	Amended Return Only – amount previously paid	4	.00
5	Add lines 3 and 4	5	.00
6	Amended Return Only – amount previously refunded	6	.00
7	Subtract line 6 from 5	7	.00
8	If line 7 is less than line 2, subtract line 7 from line 2 and enter <b>amount due</b>	8	.00
9	If line 7 is more than line 2, subtract line 2 from line 7 and enter <b>overpayment</b> . This is the amount to be <b>refunded</b> to corporation	9	.00
ا م مرا	ide a convert of any combination for a fadaval automation of time to file. Don't attach fadaval Form 11000	11/inconoin	Form FC Missonia

Include a copy of any application for a federal extension of time to file. Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.

Third	Do you w	ant to allow another person to discuss this return with the	department? Yes	Complete the following.	No		
Party	Print		knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from ying and participating nonresident shareholder to file this composite return on the shareholder's behalf.				
Designee	Designee Name						
		I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.					
SIGNATUI	RES	Signature of Authorized Officer	Title		Date		
		Individual or Firm Signature of Preparer	Preparer's Federal Employer I	D Number	Date		

(A)	(B)	( <b>C</b> )	(D1) Shareholder's Share of WI Net	(E)	(F)	( <b>G</b> )	(H)	(I)
			Income (Loss)	Federal	Filing			
		Pro	(D2) Shareholder's	Adjusted	Status	Tax From	Tax	Balance
Name and Address of	Social	Rata	Share of WI Gross	Gross	(S, H,	Worksheet	Withheld	Due
Nonresident Shareholder (and Spouse	Security	Share	Income (from Sch.	Income From	ÌMFJ,	or 7.65% of	from	(Overpay
if Married Filing Jointly)	Number	(%)	5K-1, line 20)	Form 1040	MFS)	(D1)	Form PW-1	ment)
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			D1					
			D2					
			<b>D</b> 4					
			D1					
			D2					
			D1					
			D2					
* 								
TALS (enter on appropriate line on Schedule 1).			D1 total only					