Schedule RT-1

Wisconsin Department of Revenue

Statement of Disallowed Related Entity Expenses

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

Read instructions before filling in this schedule

2021

Part I: To Be Completed by Entity Which Paid, Accrued, or Incurred the Expense

A. Identifying Information for	Entity Which Paid, Accrue	d, or Incurred the Expense
Taxpayer Name:		
Taxpayer Identification Numb	er (FEIN or SSN):	
Type of Taxpayer (check one):	·	☐ Individual
	☐ Tax-Option (S) Corporation☐ Partnership	☐ Fiduciary ☐ Other (explain)
. Identifying information for	Littity to willcir the corres	politing income was reported
3. Identifying Information for	Entity to Which the Corres	ponding Income Was Reported
Taynayer Name:		
Taxpayer Name:		
Taxpayer Identification Numb	er (FEIN or SSN):	
Taxpayer Identification Numb	er (FEIN or SSN):es Were Disallowed (Tax ye	ear of taxpayer in item A. above)
Taxpayer Identification Numb C. Tax Year for Which Expense Taxable Year Beginning	er (FEIN or SSN):es Were Disallowed (Tax yeand Ending	ear of taxpayer in item A. above)
Taxpayer Identification Numb C. Tax Year for Which Expense Taxable Year Beginning D. Amount of Expense Disallo	er (FEIN or SSN):es Were Disallowed (Tax ye and Ending	ear of taxpayer in item A. above)
Taxpayer Identification Numb C. Tax Year for Which Expense Taxable Year Beginning D. Amount of Expense Disallo 1 Disallowed Interest Expense	er (FEIN or SSN):es Were Disallowed (Tax ye and Endingewed	ear of taxpayer in item A. above)
Taxpayer Identification Numb C. Tax Year for Which Expense Taxable Year Beginning D. Amount of Expense Disallo 1 Disallowed Interest Expense 2 Disallowed Rent Expense	er (FEIN or SSN):es Were Disallowed (Tax year) and Endingewed	ear of taxpayer in item A. above)
Taxpayer Identification Numb C. Tax Year for Which Expense Taxable Year Beginning D. Amount of Expense Disallo 1 Disallowed Interest Expense 2 Disallowed Rent Expense 3 Disallowed Intangible Exp	er (FEIN or SSN):es Were Disallowed (Tax years) and Endingewed ase	ear of taxpayer in item A. above)

Part II: To Be Completed by Entity Named in Part I, Item B.

Complete item A. below. Assuming you included the income in your Wisconsin income, you may claim a subtraction modification corresponding to the expenses disallowed in Part I, item D. for the taxable year that includes the ending date of the period stated in Part I, item C. To substantiate the subtraction modification, you must file this schedule with your Wisconsin return.

A. Reporting of Income Eligible for Subtraction Modification

Specify the line(s) of your pro forma federal income tax return where you reported the income eligible for the subtraction modification for the year you are eligible to claim the subtraction: