Form 1CNS

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

2023

Due Date: April 15, 20		」Check (✓) if this is a final return	'	M M D D 2 0 2 3
Tax-Option (S) Corporation	Federal Employer ID Num	nber		
Number and Street			\$	Suite Number
City			State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding	g This Return	Telephoi	ne Number F	Fax Number
	of shareholders included in this return.	/ 0		
Caution: Only qualify	ing shareholders may be included in this return	n. See instructions	for details.	
Schedule 1 Ta	x Computation			
Wisconsin tax-op nonresident share	tion (S) corporation income (loss) of qualifying eholders from Schedule 2, column D1	and participating	1_	.00
2 Tax from Schedu	le 2, column G		2 _	.00
3 Wisconsin tax wit	thheld 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	om 5		7 _	.00
8 If line 7 is less that	an line 2, subtract line 7 from line 2 and enter a	amount due	8 _	.00
	nan line 2, subtract line 2 from line 7 and enter nt to be refunded to corporation		9 _	.00
	application for a federal extension of time to file. al Schedules K-1, or the Wisconsin Schedules 5		al Form 1120S, Wisco	onsin Form 5S, Wisconsir
Third Do you w Party Print Designee Name		e department? Phone Number ▼	Yes Complete the followard Personal	wing No Identification Number (PIN) ▼
belief, a true, correct, and	ed this return, including any accompanying schedule d complete report of income under the provisions of of attorney or other written authorization from each or's behalf.	Chapter 71 of the Wi	sconsin Statutes. I also	o declare that this tax-optior
	Signature of Authorized Officer	Title		Date
SIGNATURES	Individual or Firm Signature of Preparer	Preparer's Federal Emp	ployer ID Number	Date

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Schedule 2	Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)											
Nonresident Sha	(A) ame and Address of areholder (if Married Filing Jointly, see instructions)	(B) Social Security Number	Pro Rata Share (%)	(D1) Shareholder's Share of WI Net Income (Loss) (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax From Worksheet or 7.65% of (D1)	(H) Tax Withheld from Form PW-1	(I) Balance Due (Overpay- ment)			
a.				D1 D2								
b.				D1 D2								
C.				D1 D2	4.							
d.				D1 D2								
е.				D1 D2								
f.				D1 D2								
g.				D1 D2								
h.	60			D1 D2								
i.				D1 D2								
j.		2		D1 D2								
k.				D1 D2								
TOTALS (enter on appropriate line on Schedule 1)			D1 total only									