2024

For calendar year 2024 or tax year beginning  $\frac{}{M} = \frac{2}{M} = \frac{2}{M} = \frac{2}{M} = \frac{2}{M} = \frac{4}{M} = \frac{4}{M} = \frac{4}{M} = \frac{2}{M} =$ 

$\overline{}$			
•	This form must be filed ELECTRONICALLY	Due Date: Generally the 15th day of 4th month following close of taxable year. See	e instructions
	Do not doo and form it ming do a onigio ontity.		

Des	signated Agent Name		
Nui	mber and Street		Suite Number
City	State ZIP (+ 4 digit suffix if known)	A Federal Employer	ID Number
D (	Check ✓ if applicable and attach explanation:	<b>B</b> Business in Wisco	onsin
1	Amended return (Include Schedule AR) 4 Short period - change in accounting period		business in Wisconsin
		C State of Incorpora	
2	First return - new corporation or entering Wisconsin 5 Short period - stock purchase or sale	state in b	oreviation of ox, or if a Puntry enter
3	Final return - corporation dissolved or withdrew  6 The controlled group election is being made for the first year of the 10-year period	below.	ountry, enter
1	Combined Unitary Income. Form 6, Part II, line 8 combined total	1	.00
2	Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total.  Check if 100% apportionment:	2	%
3	Multiply line 1 by line 2	3	.00
4	Wisconsin net nonapportionable and separately apportioned income. Part III, line 4	4	<b>.</b> 00
5	Add lines 3 and 4	5	.00
6	Net capital loss adjustment. Form 6, Part III, line 5 combined total	6	.00
7	Subtract line 6 from line 5	7	.00
8	Loss adjustment for insurance companies. See instructions	8	.00
9	Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards.	9	.00
10	Wisconsin net business loss carryforward. Form 6, Part III, line 7 combined total	10	.00
11	Subtract line 10 from line 9. This is Wisconsin net income or loss.  Check if excess inclusion income from real estate mortgage investment conduit	11	<b>.</b> 00
12	Sum of gross tax from all members Form 6, Part III, line 9 combined total	12	<b>.</b> 00
13	Nonrefundable credits. Form 6, Part III, line 10 combined total	13	<b>.</b> 00
14	Subtract line 13 from line 12. If line 13 is more than line 12, enter zero (0). This is the ne	t tax <b>14</b>	<b>.</b> 00
15	Economic development surcharge. Form 6, Part III, line 11c combined total	15	.00
16	Endangered resources donation	16	<b>.</b> 00
17	Veterans trust fund donation	17	.00
18	Add lines 14 through 17	18	.00
19	Estimated tax payments, including 2023 carryforward, less refund from Form 4466W	19	.00
20	Wisconsin Tax Withheld. See instructions	20	.00
21	Refundable credits. Form 6, Part III, line 13 combined total	0.4	<b>.</b> 00
22	Amended return only - amount previously paid	22	<b>.</b> 00
23	Add lines 19 through 22	23	<b>.</b> 00
24	Amended return only - amount previously refunded		<b>.</b> 00
25	Subtract line 24 from line 23	25	<b>.</b> 00
26	Interest, penalty, and late fee due. Check the box if annualized on Form U	26	<b>.</b> 00
27	<b>Amount due.</b> If the total of lines 18 and 26 is larger than 25, subtract line 25 from the tot lines 18 and 26		.00
28	Overpayment. If line 25 is larger than the total of lines 18 and 26, subtract the total of lines 18 and 26 and		
	18 and 26 from line 25		.00
29	•		<b>.</b> 00
30	Subtract line 29 from line 28. <b>This is your refund</b>	30	<b>.</b> 00

De	signated Agent Name			
Fe	deral Employer ID Number			
Re	conciliation With Federal Consolidated Return:			
1	From the federal consolidated return(s), list the parent co amount on line 28 of the consolidated federal Form 1120 If no members of the group filed a federal consolidated re	. If there are more	than three federal consolid	cation number (FEIN), and the ated returns, see instructions.
	Parent Company Name	<u>FEIN</u>	<u>Form 1120, Line</u>	<u>28</u>
	a			.00
	b			.00
	C			00
	d Total from the sum of all Forms 1120, line 28 listed in	number one abov	e	1d00
2	List companies whose federal returns are not listed on lir	ne 1 that are in the	Wisconsin combined group	p.
	Company Name	<u>FEIN</u>	Form 1120, Line	<u>28</u>
	a			.00
	b			
	C			.00
	d Total from the sum of all Forms 1120, line 28 listed in a			
3	Add lines 1d and 2d			3
4	List companies who are included in the federal consolida combined group members.	ted return from lin	e 1, but are not Wisconsin	
	Company Name	<u>FEIN</u>	Form 1120, Line	
	a			.00
	b			
	С			
	d Total from the sum of all Forms 1120, line 28 listed in I			
5	Subtract line 4d from line 3			· · · · · · · · · · · · · · · · · · ·
6	Enter the number of companies included in this combined			
7	Enter the federal net income of corporations in the comm consolidated return or this combined return. Submit a sch	nonly controlled gr	oup that are not in the feder	ral 7 ,00
8	Enter total gross sales corresponding to amount on line 7			
	City and state where books and records are located for a			State:
	List the locations of Wisconsin operations:	out purpossor on	·,·	
	Person to contact concerning this return:			
	Last Name:	First	Name:	
	Phone Number:		il:	
Γh	Do you want to allow another person to discuss this ret	turn with the departme	ent? Yes Complete the	e following. No
a	rty Print	Phone	e Number ▼ Pers	sonal Identification Number (PIN) ▼
Эе	Psignee Designee's Name Designee's			
1				-4 -6
	der penalties of law, I declare that this return and all attachn Signature of Officer	Title	гест, апа сотпріете то тпе ве	St of my knowledge and belief.  Date
ď		1100		
Р	Preparer's Signature	Preparer's Fed	eral Employer ID Number	Date
_				

You must include a copy of your federal return with Form 6, even if no Wisconsin activity.

See the instructions for a description of federal return information that must be included with Form 6.

Designated Agent Name Federal Employer ID Number

Part I: Modified Federal
Taxable Income

	Taxable Income Corporation Nar	me:				Elimination		Combined
	FEIN:	_				<u>Adjustments</u>		<u>Totals</u>
1	Net receipts or sales	1 _	.00	.00	.00	.00	1 _	.00
а	Intercompany sales	1a _	.00	.00	.00	.00	1a	.00
2	Cost of goods sold	2 _	.00	.00	.00	.00	2	.00
3	Gross profit. Subtract line 2 from line 1 $\ldots$	3 _	.00	.00	.00	.00	3	.00
4	Dividends	4 _	.00	.00	.00	.00	4	.00
5	Interest	5 _	.00	.00	.00	.00	5	.00
6	Gross rents	6 _	.00	.00		.00	6	.00
7	Gross royalties	7 _	.00	.00	.00.		7	.00
8	Capital gain net income	8 _	.00	.00	.00	.00	8	.00
9	Net gain or loss from U.S. Form 4797	9 _	.00	.00	.00		9 _	.00
10	Other income	10 _	.00		.00		10	.00
11	Total income. Add lines 3 through 10	11 _	.00	.00	.00.		11 _	.00
12	Compensation of officers	12	.00	.00	.00	.00	12	.00
13	Salaries and wages less employment credit	13 _	.00	.00	.00		13	.00
14	Repairs and maintenance	14	.00	.00	.00.	.00	14	.00
15	Bad debts	15	.00	.00			15	.00
16	Rents	16	.00	.00			16	.00
17	Taxes and licenses	17 _	.00	.00		.00	17 _	.00
18	Interest	18	.00				18	.00
19	Charitable contributions	19 _	.00	.00	.00	.00	19	.00
20	Depreciation	20	.00	.00			20	.00
21	Depletion	21	.00	.00		.00	21	.00
22	Advertising	22	.00	.00			22	.00

Designated Agent Name	Federal Employer ID Number

Des	signated Agent Name			Federal Employer ID Num	ber			
Par	t I: Modified Federal Taxable Income Corporation Nam FEIN:	_				Elimination Adjustments		Combined <u>Totals</u>
23	Pension plan, etc	23 _	.00	.00	.00	.00	23 _	.00
24	Employee benefit programs	24 _	.00	.00	.00	.00	24 _	.00
25	Energy efficient commercial buildings deduction .	25	.00	.00	.00	.00	25	.00
26	Other deductions	26	.00	.00	.00	.00	26 _	.00
27	Total deductions. Add lines 12 through 26	27 _	.00	.00	.00	.00	27 _	.00
28	<b>Taxable income or loss.</b> Subtract line 27 from line 11	28 _	.00	.00	.00	.00	28 _	.00
29	Net capital gains included on line 28 (enter as a negative in member columns)	29	.00	.00	.00	.00	29 _	.00
30	Recomputed net capital gain, applying capital loss limitation at combined group level	30	.00	.00	.00	.00.	30 _	.00.
31	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive in member columns)	31_	.00	.00	.00	.00	31 _	.00
32	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative in member columns)	32	.00	.00	.00	.00	32	.00
33	Adjustment to defer or recognize intercomparincome, expense, gain, or loss between group members	5	.00	.00	.00		33 _	
34	Other adjustments based on federal law (explain on an attached statement)	34	.00	.00	.00	.00	34	.00
35	Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page	35	.00	.00	.00	.00	35	.00

Designated Agent Name Federal Employer ID Number

Part II: Unitary Income

Computation Corporation No	ame:					0 1: 1
FEIN:				Elimination <u>Adjustments</u>		Combined <u>Totals</u>
1 Modified federal taxable income from Part I, line 35	1 .00		.00	.00	1 _	.00.
2 Additions to income:						
Interest income from state and municipal obligations	<b>2a</b>	.00	.00	.00	2a _	.00
<b>b</b> State taxes accrued or paid	<b>2b</b> 00	.00	.00	.00	<b>2</b> b	.00.
c Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	2c <u>.00</u>	.00	.00	.00	2c _	.00.
<b>d</b> Actual distributions of previously taxed						
income	<b>2d</b> .00	.00	.00	.00	2d	.00
e Expenses related to nontaxable income	<b>2e</b> .00	.00	.00		2e _	.00
<b>f</b> Basis, section 179, depreciation difference	<b>2</b> f .00	.00	.00		2f	.00
<b>g</b> Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	<b>2</b> g .00	.00		.00	2g _	.00
h Total additions for certain credits computed:						
<b>a</b> Business development credit	<b>2h-a</b> .00	.00.			2h-a	.00
<b>b</b> Community rehabilitation program credit	<b>2h-b</b> 00	.00		.00.	2h-b	.00
c Development zones credits	<b>2h-c</b>	.00			2h-c	.00
<b>d</b> Economic development credit	<b>2h-d</b>			.00	2h-d _	.00.
<ul> <li>Electronics and information tech- nology manufacturing zone credit</li> </ul>	<b>2h-e</b> .00		.00.		2h-e _	.00
<b>f</b> Employee college saving account contribution credit	<b>2h-f</b> .00	.00	.00.		2h-f	.00
g Enterprise zone jobs credit	<b>2h-g</b> 00		.00	.00.	2h-g _	.00
<b>h</b> Farmland preservation credit	<b>2h-h</b> .00		.00	.00.	2h-h	.00
i Reserved for future use	<b>2h-i</b>				2h-i _	.00

Designated Agent Name Federal Employer ID Number

Part II: Unitary Income Corporation FEIN:	ion Name: _ -				Elimination <u>Adjustments</u>		Combined <u>Totals</u>
j Reserve for future use	2h-j	.00	.00	.00	.00	2h-j	.00
k Manufacturing and agriculture	credit 2h-k _	.00		.00	.00	2h-k	.00
I Research credits	2h-l	.00		.00.	.00	2h-l	.00
m Reserved for future use	2h-m_	.00		.00.	.00	2h-m	.00
<ul><li>n Total credits (add lines 2h-a through 2h-m)</li></ul>	2h-n _	.00	.00	.00	.00	2h-n	.00
i Special additions for insurance companies	<b>2i</b>	.00	.00	.00.	.00	2i _	.00
j Other additions:							
а	<b>2j-a</b> _	.00	.00	.00.		2j-a _	.00
b	<b>2j-b</b> _	.00	.00	.00.		2j-b _	.00
с	<b>2j-c</b> _	.00	.00	.00.		2j-c _	.00
d	2j-d	.00	.00	.00.		2j-d _	.00
e Add lines 2j-a through 2j-d	<b>2j-e</b> _	.00	.00	.00.		2j-e	.00
k Total additions (add lines 2a through 2g, 2h-n, 2i, and line 2j-e)	2k	.00	.00	.00		2k _	.00
3 Total (add lines 1 and 2k)	3 _	.00	.00			3 _	.00
4 Subtractions from income:							
a Wisconsin subtraction modification dividends (from Form 6Y, line 4) .		.00	.00		.00	4a _	.00
<b>b</b> Related entity expenses eligible fo subtraction		.00	.00			4b _	.00
<b>c</b> Income from related entities whose expenses were disallowed		.00	.00	.00.		4c	.00.
<b>d</b> Subpart F and 965(a) income	4d	.00	.00	.00.	.00	4d	.00
e Global intangible low-taxed income (	(GILTI) 4e	.00	.00	.00.	.00	4e	.00
<b>f</b> Gross-up of foreign dividend incon	ne <b>4f</b>	.00				4f _	.00.
<b>g</b> Nontaxable income	4g	.00				4g _	.00.
<b>h</b> Foreign taxes	4h	.00			.00	4h _	.00
i Cost depletion	4i _	.00			.00	4i _	.00

Designated Agent Name Federal Employer ID Number

	signated Agent Name			l ederal Lili	pioyer ib Number			
Pa	rt II: Unitary Income Computation	Corporation Name:				Elimination		Combined
		FEIN:				<u>Adjustments</u>		<u>Totals</u>
	j Basis, section 179, de difference		.00		.00	.00	4j	
	<b>k</b> Amount by which the N basis of assets disposithe federal basis (attack)	ed of exceeds	.00	.00	.00	00	4k	.00
	I Federal credits	,	.00	.00	.00	.00.		.00.
	m Federal research cred	-	.00	.00	.00		4m	.00.
	n Other subtractions:	t expenses 4III	.00	.00	.00	.00	7111	
		4n-a	.00	.00	.00	00	4n-a	.00
	a b , ,	4n-b	.00.	.00	.00.	·	4n-b	.00.
	с , ,	4n-c	.00	.00	.00.		4n-c	.00
	d	4n-d	.00	.00	.00	.00		.00
	e Add lines 4n-a throu		.00	.00	.00		4n-e	.00
	Nontaxable income from							
	insurance operations .		.00	.00	.00.		40	.00
	<b>p</b> Total subtractions (add through 4m plus lines 4		.00	.00	00.		4p	.00.
5	Total (subtract line 4p from	m line 3) <b>5</b>	.00	.00	.00		5	
6	Net nonapportionable and apportioned income from		.00	.00		.00	6	
7	Pre-apportioned income. from line 5	Subtract line 6	.00	.00			7	
7a	100% Wisconsin groups Enter each members elim adjustments	nination	.00					
7b	100% Wisconsin groups Subtract line 7a from line result here and on Part II	7. Enter	.00.					
8	Combined unitary income line 6 from line 5. Enter o page 1 line 1	n Form 6,					8	

**Designated Agent Name** Federal Employer ID Number Part III: Member's Share Combined Totals FEIN: **1a** Apportionment numerator from apportionment schedule . . . . . . . . . . . . . . 1a **1b** Apportionment denominator from apportionment schedule . . . . . . . . . . . . . . . . 1b 1b .00 1c Enter combined total amount from line 1b . 1c .00 .00 1d Apportionment percentage. Divide the amount on line 1a by the amount on line 1c 1d Enter apportionment schedule used . . . . . Multiply Part II, line 8, by line 1d. See Instr. . 2 .00 .00 .00 Adjustment for current year loss offset (see .00 .00 Wisconsin net nonapportionable and separately apportioned income .00 .00 .00 Net capital loss adjustment (from Form 6CL, Part I, line 9e) . . . . . . . . 5 .00 .00 6 Loss adjustment for insurance companies (from Schedule 6I, line 24) . . . . . . . . . 6 7 Wisconsin net business loss carryforward (from Part IV, line 18 of this form) ...... 7 .00 Wisconsin net income (lines 2 + 3 + 4 - 5 .00 Check if excess inclusion income from real estate mortgage investment conduits . . . . . **9** Gross tax (generally = 7.9% x (lines 2 + 3.00 + 4 - 5 - 7). See instructions . . . . . . . . . . . . . . . . . . 9 10 Nonrefundable credits .00 .00 .00 .00 (from Part V, line 6 of this form) . . . . . . . 10 11 Economic development surcharge: **a** Enter gross receipts from all activities 11a .00 .00 **b** If line 11a is \$4 million or greater, fill in the member's gross franchise or income .00 .00 11b c Multiply line 11b by 3% (.03). If the result is less than \$25, fill in\$25.If the result is more .00 than \$9,800, fill in \$9,800 . . . . . . . . . . . . . 11c .00 11c

Des	ignated Agent Name	Federal Employer	ID Number				
Par	t III: Member's Share of Form 6 Items Corporation Name:					Co	mbined
	FEIN:					_	<u>Fotals</u>
12	Wisconsin tax withheld (see instructions)12		0	.00	.00	12	.00.
13	Refundable credits. For each credit, enter code from instructions and amount13a	Οι	n	.00	.00		
					.00		
	13c	.00	0		.00		
	Add lines 13a through 13c		<u> </u>	.00	.00	13d	.00
Par	t IV: Wisconsin Net Business Loss Carryforward						
1	Member's portion of combined unitary income from Part III, line 2 plus line 3 1	.00	0	.00	.00	1	.00.
2	Member's net nonapportionable and separately apportioned income from Part III, line 4	.00.	0	.00	.00	2	.00.
3	Add lines 1 and 2 3	.00	0	.00	.00	3	.00.
4	Member's net capital loss adjustment from Part III, line 5 (enter as a positive						
	number)	.00	0	.00	.00	4	.00
5	Subtract line 4 from line 3 5		0	.00	.00	5	.00
6	Member's net business loss carryforward from Form 6BL, line 30, column (i) (Nonsharable) or the amount this member elected to use this period	.00	0	.00	.00	6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero			.00	.00	7	.00
8	Subtract line 7 from line 5 8	.0.	0	.00	.00	8	.00

De	signated Agent Name			Federal E	mployer ID Number		
Pai	rt IV: Wisconsin Net Business Loss Corporation Name Carryforward FEIN:						
9	Member's net business loss carryforward from Form 6BL, line 30, columns (j) and (k) (Sharable) or the amount this member						Combined <u>Totals</u>
	elected to use this period	9	.00	.00.		9	
10	Enter the lesser of line 8 or line 9, but not less than zero	10	.00	.00	.00	10	
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward	11	.00	.00	.00	11	.00
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with			(O)			
	other members	12	.00	.00		12	
13	Sharable net business loss carryforward amount being shared with other members (Combined Total should equal line 14 Combined Total)	13	.00	.00	.00	13	.00.
14	Sharable net business loss carryforward amount being shared with this member	14	.00	.00		14	
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carryforwards	15	.00	.00		15	.00
16	Pre-2009 sharable net business loss carryforward being shared with other members (Combined Total should equal line 17 Combined Total)	16	.00	.00		16	.00.
17	Pre-2009 sharable net business loss carryforward being shared with this member	17	.00.	.00		17	
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7	18	.00	.00		18	

De	esignated Agent Name				Federal Em	ployer ID Number		
Pa	art V: Nonrefundable Credits	Corporation Nar	ne: _					Combined <u>Totals</u>
1	Enter the <b>available</b> nonre from the credit schedules							
	CF		1a _					
			1b _					
			1c _	.00		.00		
			1d _	.00	.00	.00		
	Add lines 1a through 1d		1e _	.00	.00	.00	1e _	.00
2	Enter the member's gross Part III, line 9	tax from	2 _	.00	.00	.00	2 .	.00.
	Enter the amount of nonre the member is electing to Note: The total credits from not exceed the gross tax of	<b>use.</b> m line 3e should						
	Instructions		3a _			.00		
			3b _	.00				
			3c _	.00				
			3d _	.00	.00	.00		
	Add lines 3a through 3d		3e _	.00	.00	.00	3e .	.00.
4	Subtract line 3e from line 2	2	4 _	.00	.00		4	.00.
	If the total available credits above is greater than line remaining credit includes enter the amount shared v combined group members	2, and the a research credit, vith other as computed on		.00	.00	.00	_	.00.
	Form 6CS, line 4		<b>o</b> _	.00			5 _	.00
	Add lines 3e and 5. This is enter on Part III, line 10		6 _	.00	.00	.00	6 _	.00

Designated Agent Name		Federal Employer ID	Number		
Part VI	: Additional Member Information	Corporation Name:			
Complete the information below for each member of the combined group.					
		Street Address/PO Box:			
		City, State:			
		Zip Code:			
		FEIN:		-	-
		NAICS:			
1 Me	ember's state and year of incorporation .	1	$=$ $\overline{Y} \overline{Y} \overline{Y} \overline{Y}$	<sub></sub> 1	—— <del></del>
<b>2</b> Co	orporation's tax period included in this ret	urn: Beginning 2	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$	$\frac{1}{M}\frac{1}{M}\frac{1}{D}\frac{1}{D}\frac{1}{Y}\frac{1}{Y}\frac{1}{Y}\frac{2}{Y}$	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$
		Ending	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$
3 Me	ember's taxable year end		$\overline{M} \overline{M} \overline{D} \overline{D}$		<u>M</u> M D D
<b>4</b> If y	you have an extension of time to file, ente	er extended due date . 4		<b>4</b>	
	RS adjustments became final during the justed		M M D D Y Y Y	M M D D Y Y Y Y	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$

Designated Agent Name	Federal Employer ID Number

## Part VI: Additional Member Information

	Corporation Name: FEIN:				Elimination Adjustments		Combined <u>Totals</u>
6	Enter total gross receipts from all activities	.00			.00	6	.00
7	Total Wisconsin sales, receipts, or premiums included in apportionment ratio	.00	.00	.00		7 .	.00
8	Total sales, receipts, or premiums included in apportionment ratio	.00	.00			8	.00
9	Total Wisconsin payroll	.00	.00.			9	.00.
10	Total payroll10		.00.	.00		10	.00.
11	Total Wisconsin tangible property1	.00	.00			11	.00
12	Total tangible property 12	.00	.00			12	.00.
13	Enter total assets from federal Form 11201;	.00	.00			13	.00

Designated Agent Name	Federal Employer ID Number

Part	VI: Additional Member Information	Corporation Name: FEIN:				_					
14	Was the member excluded from a coml state?		14	Yes	No	14	Yes	No	14	Yes	No
15	Did the member file a separate Wiscon another group?		15	Yes	No	15	Yes	No	15	Yes	No
16	Was the member an insurance compan	y?	16	Yes	No	16	Yes	No	16	Yes	No
17	Was the member a tax exempt corpora	tion?	17	Yes	∟ No	17	Yes	∟ No	17	Yes	No
18	Did the member file a final return?		18	Yes	No	18	Yes	No	18	Yes	No
19	Did the member join the group during the	ne year?	19	Yes	No	19	Yes	No	19	Yes	No
20	Did the member leave the group during	the year?	20	Yes	No	20	Yes	No	20	Yes	No
21	Was this a short period return because method?		21	Yes	No	21	Yes	No	21	Yes	No
22	Was this a short period return because	of a stock purchase or sale?	22	Yes	No	22	Yes	No	22	Yes	No
23	Was this member the sole owner of any yes, prepare and submit Schedule DE member.	with this return for each	23	Yes	No	23	Yes	No	23	Yes	No
24	Was the income from the disregarded ed in this return?		24	Yes	No	24	Yes	No	24	Yes	No
25	Did the member purchase any taxable storage, use or consumption in Wiscon or use tax?	sin without payment of sales	25	Yes	No	25	Yes	No	25	Yes	No
26	Did the member file federal Schedule U Statement? If yes, include with this retu		26	Yes	No	26	Yes	No	26	Yes	No
27	Did the member file federal Form 8886 Disclosure Statement? If yes, see instru		27	Yes	No	27	Yes	No	27	Yes	No