

1997

Combined Wisconsin Individual Income Tax Return for Nonresident Members of Professional Athletic Teams

Form 1CNA

Due Date: April 15, 1998

Form with fields: Team Name, Federal Employer ID Number, Wisconsin Employer ID (Withholding) Number, Number and Street, City, State, Zip Code, Person to Contact Regarding This Return, Telephone Number, Fax Number.

Instructions

Complete this form on behalf of the qualifying and participating nonresident team members who derive income from services performed in Wisconsin. All requirements stated in the instructions to this form must be met in order to file a combined individual income tax return.

Schedule 1 Tax Computation

Table with 7 rows for tax computation: 1 Wisconsin compensation of qualifying and participating nonresident team members from Schedule 2, column H; 2 Tax from Schedule 2, column K; 3 Wisconsin tax withheld from Schedule 2, column L; 4 If line 3 is less than line 2, subtract line 3 from line 2 and enter tax due; 5 If line 3 is more than line 2, subtract line 2 from line 3 and enter overpayment; 6 Amount of line 5 to be applied to 1998 estimated tax; 7 Amount of line 5 to be refunded to team.

SIGNATURES section with declaration text and fields for Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Address, Date.

MAILING section with instructions: Attach a copy of any application for an extension of time to file the return. Make check payable to and mail return to: Wisconsin Department of Revenue, P.O. Box 8912, Madison, WI 53708-8912.

**Schedule 2 Nonresident Team Members Qualifying and Participating in Combined Return** (Attach a separate schedule, if necessary)

| (A)<br>Name and Address of<br>Nonresident Team Member         | (B)<br>Social Security<br>Number | (C)<br>State of<br>Legal<br>Resi-<br>dence | (D)<br>Total<br>Duty<br>Days | (E)<br>Wis.<br>Duty<br>Days | (F)<br>Wis. %<br>(E) ÷<br>(D) | (G)<br>Total<br>Compensation | (H)<br>Wisconsin<br>Compensation<br>(F) x (G) | (I)<br>Federal<br>Adjusted<br>Gross<br>Income | (J)<br>Filing<br>Status<br>(S, H,<br>MFJ,<br>MFS) | (K)<br>Tax | (L)<br>Wisconsin<br>Tax<br>Withheld | (M)<br>Balance<br>Due<br>(Over-<br>payment) |
|---|----------------------------------|--|------------------------------|-----------------------------|-------------------------------|------------------------------|---|---|---|------------|-------------------------------------|---|
| a.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| b.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| c.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| d.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| e.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| f.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| g.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| h.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| i.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| j.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| k.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| l.  |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |
| <b>TOTALS</b> (enter on appropriate line on Schedule 1) ..... |                                  |  |                              |                             |                               |                              |   |   |   |            |                                     |   |