

1999

Combined Wisconsin Individual Income Tax Return for Nonresident Directors of Corporations

Form

1CND

Due Date: April 17, 2000

Form fields for Corporation 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 directors of a corporation that does business 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 9 rows for tax computation: 1 Wisconsin directors' fees, 2 Tax from Schedule 2, column F, 3 Alternative minimum tax, 4 Add lines 2 and 3, 5 Estimated tax payments, 6 If line 5 is less than line 4, 7 If line 5 is more than line 4, 8 Amount of line 7 to be applied to 2000 estimated tax, 9 Amount of line 7 to be refunded.

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 Directors Qualifying and Participating in Combined Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Director (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) Wisconsin Directors' Fees	(D) Federal Adjusted Gross Income	(E) Filing Status (S, H, MFJ, MFS)	(F) Tax	(G) Alternative Minimum Tax	(H) Estimated Tax Payments	(I) Balance Due (Overpay- ment)
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								
i.								
j.								
k.								
TOTALS (enter on appropriate line on Schedule 1).								