

Schedule V – Trust Additions

(See instructions, page 7)

- 1 Interest income (less related expenses) from state and municipal obligations . . . _____
- 2 State and local franchise or income taxes _____
- 3 Capital gain/loss adjustment _____
- 4 Federal net operating loss carryover . . . _____
- 5 Transitional adjustments _____
- 6 Development zones credits _____
- 7 Other refundable credits _____
- 8 Manufacturer's sales tax credit _____
- 9 Other: _____

- 10 Total (enter on page 1, line 12) _____

Schedule W – Trust Subtractions

(See instructions, page 7)

- 1 Interest income (less related expenses) from United States government obligations _____
- 2 Capital gain/loss adjustment _____
- 3 Wisconsin net operating loss carryforward _____
- 4 Transitional adjustments _____
- 5 Other: _____

- 6 Total (enter on page 1, line 14) _____

Schedule X – Nonrefundable Credits

(See instructions, page 5 or 8)

- 1 Manufacturer's sales tax credit **1** _____
- 2 Research expense credit (corporations only) **2** _____
- 3 Research facilities credit (corporations only) **3** _____
- 4 Community development finance credit (corporations only) **4** _____
- 5 Development zones jobs credit **5** _____
- 6 Development zones sales tax credit **6** _____
- 7 Development zones investment credit **7** _____
- 8 Development zones research credit **8** _____
- 9 Development zones location credit. **9** _____
- 10 Development zones day care credit **10** _____
- 11 Development zones environmental remediation credit **11** _____
- 12 Development zones credit **12** _____
- 13 Supplement to federal historic rehabilitation tax credit **13** _____
- 14 Total nonrefundable credits (enter on page 1, line 9 or line 17) . **14** _____

Schedule Y – Refundable Credits

(See instructions, page 9)

- 1 Farmland preservation credit **1** _____
- 2 Farmland tax relief credit **2** _____
- 3 Net income tax paid to other states (trusts only) **3** _____
- 4 Total refundable credits (enter on page 1, line 23) **4** _____

Additional Information Required

- 1 Person to contact concerning this return: _____
Name Phone # FAX #
- 2 Location of books and records for audit purposes: _____
City State
- 3 Attach a list of LLCs of which you are the sole owner. Have you included the income of these entities in this return? Yes No
- 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? Yes No See General Instructions, page 4.
(You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? Yes No If yes, see General Instructions, page 3, and indicate years adjusted: _____
- 6 List the locations of your Wisconsin operations: _____
