

2000

Combined Wisconsin Individual and Fiduciary Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

Form

1CNS

Due Date: April 16, 2001

Form with fields: Tax-Option (S) Corporation Name, Federal Employer ID Number, Wisconsin Employer ID (Withholding) Number, Number and Street, Corporation Year Ending (Month and Year), 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 shareholders of a tax-option (S) 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 and fiduciary income tax return.

Schedule 1 Tax Computation

Table with 9 rows for tax computation. Columns include line number, description, and amount. Line 8 includes a right-pointing arrow.

SIGNATURES section with a declaration paragraph and two rows for officer/preparer signatures, titles, addresses, and dates.

MAILING section with instructions to attach copies of forms and a return address for the Wisconsin Department of Revenue.

Schedule 2 Nonresident Shareholders Qualifying and Participating in Combined Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	(B) Identifying Number	(C) Pro Rata Share (%)	(D) Shareholder's Share of Wis. Tax-Option Corporation Income (Loss)	(E) Federal Adjusted Gross Income	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax	(H) Alternative Minimum Tax	(I) Estimated Tax Payments	(J) Balance Due (Overpay- ment)
a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
TOTALS (enter on appropriate line on Schedule 1)									