

Wisconsin Exempt Organization Business Franchise or Income Tax Return

2003

For 2003 or taxable year beginning _____, 2003, and ending _____, 20____
Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

Check box if <input type="checkbox"/> name or <input type="checkbox"/> address differs from that on last year's return	<p style="text-align: center;"><i>Place label here. Make necessary corrections. Otherwise, please print or type.</i></p> Exempt Organization Name Number and Street City State Zip Code	A Federal Employer ID Number B Seller's Permit or Use Tax Number C Wis. Employer ID (Withholding) Number D Wisconsin Business Activity Code				
E Check Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust	F Name of Trustee if Taxable as Trust	G State and Year of Incorporation				
H Check applicable boxes: <table style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 15%;">1 <input type="checkbox"/> First return - new organization</td> <td style="width: 15%;">3 <input type="checkbox"/> Short period - change in accounting period</td> </tr> <tr> <td>2 <input type="checkbox"/> Final return - organization dissolved (attach explanation)</td> <td>4 <input type="checkbox"/> Short period - stock purchase or sale</td> </tr> </table>	1 <input type="checkbox"/> First return - new organization	3 <input type="checkbox"/> Short period - change in accounting period	2 <input type="checkbox"/> Final return - organization dissolved (attach explanation)	4 <input type="checkbox"/> Short period - stock purchase or sale	I Check box <input type="checkbox"/> if this is an amended return, attach an explanation of the changes, and see instructions	
1 <input type="checkbox"/> First return - new organization	3 <input type="checkbox"/> Short period - change in accounting period					
2 <input type="checkbox"/> Final return - organization dissolved (attach explanation)	4 <input type="checkbox"/> Short period - stock purchase or sale					

Organizations Taxable as Corporations		
	1 Unrelated business taxable income from federal Form 990-T, line 34	1
	2 Total net nonapportionable unrelated business taxable income (loss) from Form 4B, line 5	2
	3 Subtract line 2 from line 1. This is apportionable unrelated business taxable income	3
	4 Percent to Wisconsin from Form 4B, line 28 or 33	4
	5 Multiply amount on line 3 by percentage on line 4	5
	6 Wisconsin net nonapportionable unrelated business taxable income (loss) from Form 4B, line 5	6
	7 Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	7
	8 Enter 7.9% of amount on line 7. This is gross tax	8
	9 Nonrefundable credits from Schedule X (see instructions, page 5)	9
	10 Subtract line 9 from line 8. If line 9 is greater than line 8, enter -0-. This is net tax	10

Organizations Taxable as Trusts		
	11 Unrelated business taxable income from federal Form 990-T, line 34	11
	12 Additions from Schedule V, line 10	12
	13 Add lines 11 and 12	13
	14 Subtractions from Schedule W, line 6	14
	15 Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	15
	16 Tax from tax table on amount on line 15. This is gross tax	16
	17 Nonrefundable credits from Schedule X (see instructions, page 7)	17
	18 Subtract line 17 from line 16. If line 17 is greater than line 16, enter -0-. This is net tax	18

PAYMENTS AND REFUNDABLE CREDITS		
	19 Tax from line 10 or 18	19
	20 Recycling surcharge (see instructions, page 9)	20
	21 Endangered resources donation (decreases refund or increases amount owed)	21
	22 Add lines 19, 20, and 21	22
	23 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	23
	24 Refundable credits from Schedule Y (see inst., page 9)	24
	25 Add lines 23 and 24	25
	26 Interest, penalty, and late fee due (from Form 4U, line 17 or 26)	26

BALANCE DUE OR REFUND		
	27 Tax Due. If the total of lines 22 and 26 is larger than line 25, enter amount owed	27
	28 Overpayment. If line 25 is larger than the total of lines 22 and 26, enter amount overpaid	28
	29 Enter amount of line 28 you want credited on 2004 estimated tax	29
	30 Subtract line 29 from line 28. This is your refund.	30

RECEIPTS	31 Enter total gross receipts from all unrelated trade or business activities	31
-----------------	---	----

Under penalties of law, I declare that I have personally examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURES	Signature of Officer or Trustee	Title	Date
	Preparer's Signature	Preparer's Federal Employer ID Number	Date

MAILING **Attach a copy of your federal Form 990-T.** IC-002
 Make your check payable to and mail your return to: Wisconsin Department of Revenue, P.O. Box 8908, Madison, WI 53708-8908.

WPC1	WPC2	WPC3	For Department Use Only	R	M	Y	T	MAN
SPCL	FRCE	XTNN						

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 Manufacturer's sales tax credit _____
- 7 Development zones credit _____
- 8 Other refundable credits _____
- 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 7)

- 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 zone capital investment credit **10** _____
- 11 Development zones day care credit . **11** _____
- 12 Development zones environmental remediation credit **12** _____
- 13 Development zones credit **13** _____
- 14 Technology zone credit **14** _____
- 15 Supplement to federal historic rehabilitation tax credit **15** _____
- 16 Total nonrefundable credits (enter on page 1, line 9 or line 17) . **16** _____

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 24) **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 If yes, you may owe Wisconsin use tax. See General Instructions, page 3, for how to report use tax. (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: _____
