

Form **41** Wisconsin Insurance Company Franchise Tax Return

2005

For 2005 or taxable year beginning M M D D 2 0 0 Y Y Y Y and ending M M D D 2 0 0 Y Y Y Y

Complete form using BLACK INK

Due Date: 15th day of 3rd month following close of taxable year.

Corporation Name, Federal Employer ID Number, Number and Street, Business Activity (NAICS) Code, City, State, ZIP Code, State and Year of Incorporation

D Check box if applicable and attach explanation: 1 First return - new corporation or entering Wisconsin, 2 Final return - corporation dissolved or redomesticated, 3 Short period - change in accounting period, 4 Short period - stock purchase or sale

E If this is an amended return, attach an explanation of the changes. F If you have an extension of time to file, enter the extended due date M M D D 2 0 0 Y Y Y Y. G If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return and annual statement. H If you filed a federal consolidated return, enter Parent's federal EIN

Read instructions before completing lines 1 through 15

Table with 33 rows for tax calculations. Lines include Adjusted federal taxable income, Net gain from operations, Total net gain from operations, Premiums written on property and risks, Payroll, Gross tax, Nonrefundable credits, Recycled surcharge, Endangered resources donation, Veterans trust fund donation, Estimated tax payments, Refundable credits, Interest, penalty, and late fee due, Tax due, Overpayment, and Total company gross receipts.



Schedule A – Computation of Adjusted Federal Taxable Income (See instructions, page 3)	Schedule C1 – Nonrefundable Credits
<p>1 Federal taxable income 1 _____</p> <p>2 Additions to federal taxable income:</p> <p style="padding-left: 20px;">a Loss carryforward deducted in the calculation of federal taxable income 2a _____</p> <p style="padding-left: 20px;">b Dividend income received to the extent used as a deduction in determining federal taxable income 2b _____</p> <p style="padding-left: 20px;">c Interest income that is not included in federal taxable income 2c _____</p> <p style="padding-left: 20px;">d State taxes accrued or paid 2d _____</p> <p style="padding-left: 20px;">e Extraterritorial income exclusion 2e _____</p> <p style="padding-left: 20px;">f Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (<i>attach schedule</i>) 2f _____</p> <p style="padding-left: 20px;">g Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (<i>attach schedule</i>) . . . 2g _____</p> <p style="padding-left: 20px;">h Additional deduction for insurers required to discount unpaid losses . . . 2h _____</p> <p style="padding-left: 20px;">i Other (<i>attach schedule</i>) 2i _____</p> <p>3 Add lines 1 through 2i 3 _____</p> <p>4 Subtractions from federal taxable income:</p> <p style="padding-left: 20px;">a Wisconsin dividends received deduction (<i>attach Schedule Y</i>) 4a _____</p> <p style="padding-left: 20px;">b Wisconsin depreciation/amortization in excess of federal depreciation/amortization (<i>attach schedule</i>) 4b _____</p> <p style="padding-left: 20px;">c Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (<i>attach schedule</i>) . . . 4c _____</p> <p style="padding-left: 20px;">d Other (<i>attach schedule</i>) 4d _____</p> <p>5 Add lines 4a through 4d 5 _____</p> <p>6 Subtract line 5 from line 3. This is adjusted federal taxable income (enter on page 1, line 1) 6 _____</p>	<p>1 Manufacturer's sales tax credit (Sch. Z, line 13) 1 _____</p> <p>2 Dairy investment credit (Sch. DI, line 9) . . . 2 _____</p> <p>3 Research expense credit (Sch. R, line 30) 3 _____</p> <p>4 Development zones research credit carryforward 4 _____</p> <p>5 Research facilities credit (Sch. R, line 34) 5 _____</p> <p>6 Community development finance credit . . . 6 _____</p> <p>7 Development zones jobs credit carryforward 7 _____</p> <p>8 Development zones sales tax credit carryforward 8 _____</p> <p>9 Development zones investment credit (Sch. DC, line 15) 9 _____</p> <p>10 Development zones location credit carryforward 10 _____</p> <p>11 Development zone capital investment credit (Sch. DC, line 23) 11 _____</p> <p>12 Development zones day care credit carryforward 12 _____</p> <p>13 Development zones environmental remediation credit carryforward 13 _____</p> <p>14 Development zones credit (Sch. DC, line 7) 14 _____</p> <p>15 Technology zone credit (Sch. TC, line 8) 15 _____</p> <p>16 Early stage seed investment credit (Sch. VC, line 8) 16 _____</p> <p>17 Supplement to federal historic credit (Sch. HR, line 7) 17 _____</p> <p>18 Add lines 1 through 17 (enter on page 1, line 19) 18 _____</p>
	Schedule C2 – Refundable Credits
	<p>1 Farmland preservation credit (Sch. FC, line 18) 1 _____</p> <p>2 Farmland tax relief credit (Sch. FT, line 6) 2 _____</p> <p>3 Add lines 1 and 2 (enter on page 1, line 26) 3 _____</p>

Additional Information Required

- 1** Person to contact concerning this return: _____ Phone #: _____ Fax #: _____
- 2** City and state where books and records are located for audit purposes: _____
- 3** Attach a list of your solely owned limited liability companies. Did you include the incomes of these entities in this return? Yes No
- 4 a** Attach a list of corporations in which you own, directly or indirectly, 50% or more of the outstanding voting stock.
b Have the incomes of these affiliated corporations been included in this return? Yes No
- 5 a** Attach a list of corporations, individuals, partnerships, trusts, or associations which own 50% or more of your outstanding voting stock.
b Have the incomes of these organizations been included in this return? Yes No
- 6** If your corporation has been involved in any reorganization during the period covered by this return, attach a detailed explanation.
- 7** 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 owe Wisconsin use tax. See instructions, page 2, for how to report use tax.
- 8** 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 2, and indicate years adjusted: _____

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer	Title	Date
▶		
Preparer's Signature	Preparer's Federal Employer ID Number	Date
▶		

Attach a copy of your federal return, related schedules, and annual statement.

Make your check payable to and mail your return to: Wisconsin Department of Revenue, P.O. Box 8908, Madison, WI 53708-8908.