Wisconsin Corporation Franchise or Income Tax Return

2005

 $\frac{2}{Y} \frac{0}{Y} \frac{0}{Y} \frac{0}{Y}$ and ending For 2005 or taxable year beginning $\overline{\mathsf{M}} \overline{\mathsf{M}} \overline{\mathsf{D}} \overline{\mathsf{D}}$ Complete form using BLACK INK Due Date: 15th day of 3rd month following close of taxable year. Corporation Name A Federal Employer ID Number Number and Street B Business Activity (NAICS) Code City State ZIP Code C State and Year of Incorporation D Check box if applicable and attach explanation: First return - new corporation or entering Wisconsin Short period - change in accounting period Final return - corporation dissolved or withdrew Short period - stock purchase or sale Check box if applicable and see instructions: Е If this is an amended return, attach an explanation of the changes. If you have an extension of time to file, enter the extended due date If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return. G If you filed a federal consolidated return, enter Parent's federal EIN .00 .00 3 .00 .00 Subtractions (from Schedule W, line 12, or Form 4C, line 15, column 3)...... .00 Subtract line 4 from line 3. This is net income (loss) before apportionment and net business loss offset .00 Total company net nonapportionable income (loss) (from Form 4B, line 5, column b) 7 .00 Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; (carry to 4 places to the right of the decimal point). If the apportionment percentage is from Form 4B-1, check box 8 9 .00 10 Wisconsin net nonapportionable income (loss) (from Form 4B, line 5, column a)00 .00 11 Combine lines 9 and 10. This is Wisconsin net income (loss) before net business loss offset .00 12 Wisconsin net business loss carryforward (from Form 4BL, line 30) but not more than line 11 . . 13 Subtract line 12 from line 11. This is Wisconsin net income (loss)...... 13 .00 .00 15 Nonrefundable credits (from Schedule C1, line 18)..... .00 16 Subtract line 15 from line 14. If line 15 is more than line 14, enter zero (0). This is net tax.. 16 .00 Recycling surcharge (for corporations whose gross receipts from all activities are \$4 million .00 18 Endangered resources donation (decreases refund or increases amount owed) ... 18 .00 Veterans trust fund donation (decreases refund or increases amount owed) **VETS** .00 20 .00 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions00 **22** Wisconsin tax withheld from pass-through entities . . . Refundable credits (from Schedule C2, line 3) 23 **24** Add lines 21 through 2300

PAPER CLIP check or money order here

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25	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check box	•00	
26	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	.00	
27	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid . 27	. 00	
28	Enter amount of line 27 you want credited on 2006 estimated tax . 28		
29	Subtract line 28 from line 27. This is your refund		
30	Enter total company gross receipts from all activities (see instructions)	00	
31	Enter total company assets from federal Form 1120 or 1120-A, item D		
32	a Property % b Wisconsin property (from Form 4B, line 16) 32b		
	c Total company property (from Form 4B, line 16). 32c	.00	
33	a Payroll % b Wisconsin payroll (from Form 4B, line 22) 33b	.00	
	c Total company payroll (from Form 4B, line 22) [33c]	.00	
3/1	a Sales % b Wisconsin sales (from Form 4B, line 35) 34b		
5 4	c Total company sales (from Form 4B, line 35) [34c]		
	Total company sales (norm 4b, line 55)		
Scl	nedule C1 - Nonrefundable Credits (See instructions, page 12)		
1	Manufacturer's sales tax credit (Sch. Z, line 13)		
2	2 Dairy investment credit (Sch. DI, line 9)		
3	Research expense credit (Sch. R, line 30)		
4	Development zones research credit carryforward		
5	Research facilities credit (Sch. R, line 34)	1	
6	Community development finance credit		
7	Development zones jobs credit carryforward	00	
8	Development zones sales tax credit carryforward	00	
9	Development zones investment credit (Sch. DC, line 15)	00	
10	Development zones location credit carryforward	00	
11	Development zone capital investment credit (Sch. DC, line 23)		
12	Development zones day care credit carryforward		
13	Development zones environmental remediation credit carryforward		
14	Development zones credit (Sch. DC, line 7)		
15	Technology zone credit (Sch. TC, line 8)	00	
16	Early stage seed investment credit (Sch. VC, line 8)		
17	Supplement to federal historic credit (Sch. HR, line 7)		
18	Add lines 1 through 17 (enter on page 1, line 15)		
Scl	nedule C2 - Refundable Credits (See instructions, page 15)		
1	Farmland preservation credit (Sch. FC, line 18)		
2	Farmland tax relief credit (Sch. FT, line 6)	00	
3	Add lines 1 and 2 (enter on page 1, line 23)		



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A	dditional 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	Related party information: Enter the amount of sales	\$, purchases \$	_ , management fees paid		
	\$, interest expense \$, royalties paid \$, and int	erest income received		
\$ and provide details of the computations.					
5	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 6, for how to report use tax.				
6	Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? Yes If yes, see General Instructions, page 5, and indicate years adjusted:				
7	7 Enter the number of Wisconsin business locations at the end of the year:				
8	8 List the locations of your Wisconsin operations:				
9	9 Are any manufacturing facilities located in Wisconsin? Yes No				
Ur	nder penalties of law, I declare that this return and all a	ttachments are true, correct, and complete to the bes	st of my knowledge and belief.		
S	ignature of Officer	Title	Date		
P	reparer's Signature	Preparer's Federal Employer ID Number	Date		
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Attach a copy of your federal return, even if no Wisconsin activity.

Make your check payable to and mail your return to: Wisconsin Department of Revenue PO Box 8908

Madison, WI 53708-8908