



2005

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

Form

1CNS

Due Date: April 17, 2006

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 composite individual and fiduciary income tax return.

Schedule 1 Tax Computation

1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D	1	_____	•
2	Tax from Schedule 2, column G	2	_____	•
3	Alternative minimum tax from Schedule 2, column H	3	_____	•
4	Add lines 2 and 3. This is the total tax	4	_____	•
5 a	Estimated tax payments from Schedule 2, column I	5a	_____	•
b	Wisconsin income tax withheld from Schedule 2, column I	5b	_____	•
c	Add lines 5a and 5b. This is the total amount paid	5c	_____	•
6	If line 5c is less than line 4, subtract line 5c from line 4 and enter tax due	6	_____	•
7	If line 5c is more than line 4, subtract line 4 from line 5c and enter overpayment	7	_____	•
8	Amount of line 7 to be applied to 2006 withholding tax	8	_____	•
9	Amount of line 7 to be refunded to corporation	9	_____	•

SIGNATURES	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.		
	Signature of Authorized Officer	Title	Date
	Individual or Firm Signature of Preparer	Preparer's Address	Date

MAILING	Attach a copy of any application for an extension of time to file the return. <i>Don't attach a copy of federal Form 1120S, Wisconsin Form 5S, the federal Schedules K-1, or the Wisconsin Schedules 5K-1.</i>	
	Make check payable to and mail return to:	Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912

Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite 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 From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax	(H) Alternative Minimum Tax	(I) Estimated Tax Payments & Tax Withheld	(J) Balance Due (Overpay- ment)
a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
TOTALS (enter on appropriate line on Schedule 1)									