

For 2006 or taxable year beginning MMDDYY and ending MMDDYY

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

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

D Check box if applicable and attach explanation: 1 First return - new organization or entering Wisconsin, 2 Final return - organization dissolved or withdrew, 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 MMDDYY

G Check type of organization: 1 Corporation, 2 Trust - due 4th month, 3 Trust - due 5th month, H Name of Trustee if Taxable as Trust


Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)

Table with 10 rows for corporations, columns for line number, description, and amount. Includes items like Unrelated business taxable income, Total net nonapportionable unrelated business taxable income, etc.

Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 20)

Table with 11 rows for trusts, columns for line number, description, and amount. Includes items like Unrelated business taxable income, Additions, Subtractions, etc.

PAPER CLIP check or money order here

| | | | | |
|-----------|--|-----------|-------|------------|
| 24 | Veterans trust fund donation (decreases refund or increases amount owed) . . .  | 24 | _____ | .00 |
| 25 | Add lines 21 through 24 | 25 | _____ | .00 |
| 26 | Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions | 26 | _____ | .00 |
| 27 | Wisconsin tax withheld from pass-through entities | 27 | _____ | .00 |
| 28 | Refundable credits (from Schedule C2, line 3) | 28 | _____ | .00 |
| 29 | Add lines 26 through 28 | 29 | _____ | .00 |
| 30 | Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check box <input type="checkbox"/> | 30 | _____ | .00 |
| 31 | Tax due. If the total of lines 25 and 30 is larger than line 29, enter amount owed | 31 | _____ | .00 |
| 32 | Overpayment. If line 29 is larger than the total of lines 25 and 30, enter amount overpaid | 32 | _____ | .00 |
| 33 | Enter amount of line 32 you want credited on 2007 estimated tax 33 _____ | | | .00 |
| 34 | Subtract line 33 from line 32. This is your refund | 34 | _____ | .00 |
| 35 | Enter total gross receipts from all unrelated trade or business activities | 35 | _____ | .00 |

Schedule C1 - Nonrefundable Credits (See instructions, page 7 or 9)

| | | | | |
|-----------|--|-----------|-------|------------|
| 1 | Manufacturer's sales tax credit carryforward (Sch. MS, line 8 or 10) | 1 | _____ | .00 |
| 2 | Dairy and livestock farm investment credit (Sch. DI, line 9) | 2 | _____ | .00 |
| 3 | Research expense credit (Sch. R, line 30) (corporations only) | 3 | _____ | .00 |
| 4 | Development zones research credit carryforward | 4 | _____ | .00 |
| 5 | Research facilities credit (Sch. R, line 34) (corporations only) | 5 | _____ | .00 |
| 6 | Community development finance credit (corporations only) | 6 | _____ | .00 |
| 7 | Development zones jobs credit carryforward | 7 | _____ | .00 |
| 8 | Development zones sales tax credit carryforward | 8 | _____ | .00 |
| 9 | Development zones investment credit (Sch. DC, line 15) | 9 | _____ | .00 |
| 10 | Development zones location credit carryforward | 10 | _____ | .00 |
| 11 | Development zone capital investment credit (Sch. DC, line 23) | 11 | _____ | .00 |
| 12 | Development zones day care credit carryforward | 12 | _____ | .00 |
| 13 | Development zones environmental remediation credit carryforward | 13 | _____ | .00 |
| 14 | Development zones credit (Sch. DC, line 7) | 14 | _____ | .00 |
| 15 | Technology zone credit (Sch. TC, line 8) | 15 | _____ | .00 |
| 16 | Early stage seed investment credit (Sch. VC, line 12) | 16 | _____ | .00 |
| 17 | Supplement to federal historic credit (Sch. HR, line 7) | 17 | _____ | .00 |
| 18 | Add lines 1 through 17 (enter on page 1, line 9 or line 17) | 18 | _____ | .00 |

Schedule C2 - Refundable Credits (See instructions, page 11)

| | | | | |
|----------|---|----------|-------|------------|
| 1 | Farmland preservation credit (Sch. FC, line 18) | 1 | _____ | .00 |
| 2 | Farmland tax relief credit (Sch. FT, line 6) | 2 | _____ | .00 |
| 3 | Add lines 1 and 2 (enter on line 28 above) | 3 | _____ | .00 |



Schedule T1 – Trust Additions

(See instructions, page 8)

- 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 Dairy and livestock farm investment credit _____
- 8 Technology zones credit _____
- 9 Development zones credits _____
- 10 Early stage seed investment credit _____
- 11 Farmland credits _____
- 12 Other: _____

- 13 Total (enter on page 1, line 12) _____

Schedule T2 – Trust Subtractions

(See instructions, page 8)

- 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 Manufacturer's sales tax credit carryforward (see instructions) _____
- 6 Other: _____

- 7 Total (enter on page 1, line 14) _____

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 Are you the sole owner of any limited liability companies (LLCs)? Yes No If yes, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes 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 instructions, page 4, 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 4, and indicate years adjusted: _____
- 6 List the locations of your Wisconsin operations: _____

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 or Trustee ▶ | Title | Date |
| Preparer's Signature ▶ | Preparer's Federal Employer ID Number ▶ | Date |

Attach a copy of your federal Form 990-T.



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