



Form

**4I**

**Wisconsin Insurance Company  
Franchise Tax Return**

**2006**

For 2006 or taxable year beginning                               and ending                              

**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 of Incorporation         | and Year |

**D Check box if applicable and attach explanation:**

1  First return - new corporation or entering Wisconsin      3  Short period - change in accounting period

2  Final return - corporation dissolved or withdrew      4  Short period - stock purchase or sale



**Check box if applicable and see instructions:**

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                              

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                     

|    |   |    |    |                             |                             |     |
|----|---|----|----|-----------------------------|-----------------------------|-----|
| 1  | Federal taxable income from federal return  |    | 1  | <u>                    </u> | <u>                    </u> | .00 |
| 2  | Additions (from Schedule 1, line 15)  |    | 2  | <u>                    </u> | <u>                    </u> | .00 |
| 3  | Add lines 1 and 2   |    | 3  | <u>                    </u> | <u>                    </u> | .00 |
| 4  | Subtractions (from Schedule 2, line 7)  |    | 4  | <u>                    </u> | <u>                    </u> | .00 |
| 5  | Subtract line 4 from line 3. If the insurer writes life and nonlife premiums, check box <input type="checkbox"/> and fill in lines 6 through 9. Otherwise, enter the amount from line 5 on line 9 |    | 5  | <u>                    </u> | <u>                    </u> | .00 |
| 6  | Net gain from operations, other than life insurance   | 6  |    | <u>                    </u> | <u>                    </u> | .00 |
| 7  | Total net gain from operations  | 7  |    | <u>                    </u> | <u>                    </u> | .00 |
| 8  | Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point)   |    | 8  | <u>                    </u> | <u>                    </u> | %   |
| 9  | Multiply line 5 by line 8. This is the total income other than life insurance income  |    | 9  | <u>                    </u> | <u>                    </u> | .00 |
| 10 | Wisconsin apportionment percentage from Schedule 3, line 11 (carry to 4 places to the right of the decimal point)   |    | 10 | <u>                    </u> | <u>                    </u> | %   |
| 11 | Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset   |    | 11 | <u>                    </u> | <u>                    </u> | .00 |
| 12 | Wisconsin net business loss carryforward (attach schedule)  |    | 12 | <u>                    </u> | <u>                    </u> | .00 |
| 13 | Subtract line 12 from line 11. This is Wisconsin apportionable net income   |    | 13 | <u>                    </u> | <u>                    </u> | .00 |
| 14 | Gross tax (see instructions). If subject to 2% maximum tax, check box <input type="checkbox"/>  |    | 14 | <u>                    </u> | <u>                    </u> | .00 |
| 15 | Multiply the amount on Schedule 2, line 4, by 7.9% (0.079) and enter the result   |    | 15 | <u>                    </u> | <u>                    </u> | .00 |
| 16 | Add lines 14 and 15. This is the total tax  |    | 16 | <u>                    </u> | <u>                    </u> | .00 |
| 17 | Nonrefundable credits (from Schedule C1, line 18)   |    | 17 | <u>                    </u> | <u>                    </u> | .00 |
| 18 | Subtract line 17 from line 16. If line 17 is more than line 16, enter zero (0). This is net tax   |    | 18 | <u>                    </u> | <u>                    </u> | .00 |
| 19 | Recycling surcharge (see instructions)  |    | 19 | <u>                    </u> | <u>                    </u> | .00 |
| 20 | Endangered resources donation (decreases refund or increases amount owed)   |    | 20 | <u>                    </u> | <u>                    </u> | .00 |
| 21 | Veterans trust fund donation (decreases refund or increases amount owed)  |    | 21 | <u>                    </u> | <u>                    </u> | .00 |
| 22 | Add lines 18 through 21   |    | 22 | <u>                    </u> | <u>                    </u> | .00 |
| 23 | Estimated tax payments less refund from Form 4466W.<br>If this is an amended return, see instructions   | 23 |    | <u>                    </u> | <u>                    </u> | .00 |
| 24 | Wisconsin tax withheld  | 24 |    | <u>                    </u> | <u>                    </u> | .00 |
| 25 | Refundable credits (from Schedule C2, line 3)   | 25 |    | <u>                    </u> | <u>                    </u> | .00 |
| 26 | Add lines 23 through 25   |    | 26 | <u>                    </u> | <u>                    </u> | .00 |
| 27 | Interest, penalty, and late fee due (from Form 4U, line 17 or 26).<br>If you annualized income on Form 4U, check box <input type="checkbox"/>   |    | 27 | <u>                    </u> | <u>                    </u> | .00 |



*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<br>▶ | Title                                      | Date |
| Preparer's Signature<br>▶ | Preparer's Federal Employer ID Number<br>▶ | 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  
PO Box 8908  
Madison, WI 53708-8908

**Schedule 1 – Additions to Federal Taxable Income**

|           |  |           |       |            |
|-----------|--|-----------|-------|------------|
| <b>1</b>  | Loss carryforward deducted in the calculation of federal taxable income .....                                  | <b>1</b>  | _____ | <b>.00</b> |
| <b>2</b>  | Dividend income received to the extent used as a deduction in determining federal taxable income .....         | <b>2</b>  | _____ | <b>.00</b> |
| <b>3</b>  | Interest income that is not included in federal taxable income .....   | <b>3</b>  | _____ | <b>.00</b> |
| <b>4</b>  | State taxes accrued or paid .....  | <b>4</b>  | _____ | <b>.00</b> |
| <b>5</b>  | Extraterritorial income exclusion .....  | <b>5</b>  | _____ | <b>.00</b> |
| <b>6</b>  | Federal section 179 expense deduction in excess of Wisconsin deduction .....                                   | <b>6</b>  | _____ | <b>.00</b> |
| <b>7</b>  | Federal depreciation/amortization in excess of Wisconsin depreciation/amortization<br>(attach schedule) .....  | <b>7</b>  | _____ | <b>.00</b> |
| <b>8</b>  | Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis<br>(attach schedule) ..... | <b>8</b>  | _____ | <b>.00</b> |
| <b>9</b>  | Additional deduction for insurers required to discount unpaid losses .....                                     | <b>9</b>  | _____ | <b>.00</b> |
| <b>10</b> | Research credits computed (from Sch. R, lines 15 or 28 and 32) .....   | <b>10</b> | _____ | <b>.00</b> |
| <b>11</b> | Development zones credits computed (from Sch. DC, lines 5, 13, and 21) .....                                   | <b>11</b> | _____ | <b>.00</b> |
| <b>12</b> | Early stage seed investment credit (from Sch. VC, line 10) .....   | <b>12</b> | _____ | <b>.00</b> |
| <b>13</b> | Health Insurance Risk-Sharing Plan (HIRSP) assessment credit computed .....                                    | <b>13</b> | _____ | <b>.00</b> |
| <b>14</b> | Other (list):  |           |       |            |
|           | <b>a</b> _____ <b>14a</b> _____  |           |       |            |
|           | <b>b</b> _____ <b>14b</b> _____  |           |       |            |
|           | <b>c</b> _____ <b>14c</b> _____  |           |       |            |
|           | <b>d</b> _____ <b>14d</b> _____  |           |       |            |
|           | <b>e</b> _____ <b>14e</b> _____  |           |       |            |
|           | Add lines 14a through 14e .....  | <b>14</b> | _____ | <b>.00</b> |
| <b>15</b> | Total (enter on Form 41, page 1, line 2) .....   | <b>15</b> | _____ | <b>.00</b> |



**Schedule 2 – Subtractions From Federal Taxable Income**

|          |   |          |       |            |
|----------|---|----------|-------|------------|
| <b>1</b> | Wisconsin dividends received deduction (from Sch. Y, line 4) .....  | <b>1</b> | _____ | <b>.00</b> |
| <b>2</b> | Wisconsin depreciation/amortization in excess of federal depreciation/amortization<br>(attach schedule) .....   | <b>2</b> | _____ | <b>.00</b> |
| <b>3</b> | Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis<br>(attach schedule) .....  | <b>3</b> | _____ | <b>.00</b> |
| <b>4</b> | Income realized from the purchase and subsequent sale or redemption of lottery prizes if the<br>winning tickets were originally bought in Wisconsin ..... | <b>4</b> | _____ | <b>.00</b> |
| <b>5</b> | Manufacturer's sales tax credit carryforward (see instructions) .....   | <b>5</b> | _____ | <b>.00</b> |
| <b>6</b> | Other (list):   |          |       |            |
|          | <b>a</b> _____ <b>6a</b> _____  |          |       |            |
|          | <b>b</b> _____ <b>6b</b> _____  |          |       |            |
|          | <b>c</b> _____ <b>6c</b> _____  |          |       |            |
|          | <b>d</b> _____ <b>6d</b> _____  |          |       |            |
|          | <b>e</b> _____ <b>6e</b> _____  |          |       |            |
|          | Add lines 6a through 6e .....   | <b>6</b> | _____ | <b>.00</b> |
| <b>7</b> | Total (enter on Form 41, page 1, line 4) .....  | <b>7</b> | _____ | <b>.00</b> |

**Schedule 3 – Wisconsin Apportionment Percentage**

**Premiums Factor**

|          |   | <b>(a) Wisconsin</b> | <b>(b) Total Company</b> |
|----------|---|----------------------|--------------------------|
| <b>1</b> | Direct premiums written for insurance on property and risks, other than life insurance .....                                      | <b>1</b>             | _____                    |
| <b>2</b> | Assumed premiums from domestic insurance companies written for reinsurance on property and risks, other than life insurance ..... | <b>2</b>             | _____                    |
| <b>3</b> | Add lines 1 and 2. This is the total premiums .....   | <b>3</b>             | _____                    |
| <b>4</b> | Divide line 3, column a, by line 3, column b, and multiply by 100 (carry to 4 decimal places) .....                               | <b>4</b>             | _____ %                  |
| <b>5</b> | Premiums factor weight .....  | <b>5</b>             | _____ 0.6 _____          |
| <b>6</b> | Multiply line 4 by line 5. This is the Wisconsin <b>premiums factor</b> .....   | <b>6</b>             | _____ %                  |

**Payroll Factor**

|           |  | <b>(a) Wisconsin</b> | <b>(b) Total Company</b> |
|-----------|--|----------------------|--------------------------|
| <b>7</b>  | Wages, salaries, and other compensation paid to employees .....  | <b>7</b>             | _____                    |
| <b>8</b>  | Divide line 7, column a, by line 7, column b, and multiply by 100 (carry to 4 decimal places) .....          | <b>8</b>             | _____ %                  |
| <b>9</b>  | Payroll factor weight .....  | <b>9</b>             | _____ 0.4 _____          |
| <b>10</b> | Multiply line 8 by line 9. This is the Wisconsin <b>payroll factor</b> .....                                 | <b>10</b>            | _____ %                  |
| <b>11</b> | Add lines 6 and 10. This is the Wisconsin apportionment percentage (enter on Form 41, page 1, line 10) ..... | <b>11</b>            | _____ %                  |