

For 2006 or taxable year beginning _____ and ending _____
M M D D Y Y Y Y M M D D Y Y Y Y

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 _____
M M D D Y Y Y Y
G If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.
H If you filed a federal consolidated return, enter Parent's federal EIN _____

PAPER CLIP check or money order here

1 Federal taxable income from Form 1120, line 28, or Form 1120-A, line 24	<input type="text" value="1"/>	_____	.00
2 Additions (from Schedule V, line 19, or Form 4C, line 12, column 3)	<input type="text" value="2"/>	_____	.00
3 Add lines 1 and 2	<input type="text" value="3"/>	_____	.00
4 Subtractions (from Schedule W, line 13, or Form 4C, line 15, column 3)	<input type="text" value="4"/>	_____	.00
5 Subtract line 4 from line 3. This is net income (loss) before apportionment and net business loss offset	<input type="text" value="5"/>	_____	.00
6 Total company net nonapportionable income (loss) (from Form 4B, line 5, column b)	<input type="text" value="6"/>	_____	.00
7 Subtract line 6 from line 5. This is apportionable income (loss)	<input type="text" value="7"/>	_____	.00
8 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 <input type="checkbox"/>	<input type="text" value="8"/>	_____ %	
9 Multiply line 7 by line 8	<input type="text" value="9"/>	_____	.00
10 Wisconsin net nonapportionable income (loss) (from Form 4B, line 5, column a)	<input type="text" value="10"/>	_____	.00
11 Combine lines 9 and 10. This is Wisconsin net income (loss) before net business loss offset	<input type="text" value="11"/>	_____	.00
12 Wisconsin net business loss carryforward (from Form 4BL, line 30) but not more than line 11	<input type="text" value="12"/>	_____	.00
13 Subtract line 12 from line 11. This is Wisconsin net income (loss)	<input type="text" value="13"/>	_____	.00
14 Enter 7.9% (0.079) of Wisconsin net income on line 13. This is gross tax	<input type="text" value="14"/>	_____	.00
15 Nonrefundable credits (from Schedule C1, line 18)	<input type="text" value="15"/>	_____	.00
16 Subtract line 15 from line 14. If line 15 is more than line 14, enter zero (0). This is net tax	<input type="text" value="16"/>	_____	.00
17 Recycling surcharge (see instructions)	<input type="text" value="17"/>	_____	.00
18 Endangered resources donation (decreases refund or increases amount owed) ... 	<input type="text" value="18"/>	_____	.00
19 Veterans trust fund donation (decreases refund or increases amount owed) ... 	<input type="text" value="19"/>	_____	.00
20 Add lines 16 through 19	<input type="text" value="20"/>	_____	.00
21 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	<input type="text" value="21"/>	_____	.00
22 Wisconsin tax withheld from pass-through entities	<input type="text" value="22"/>	_____	.00
23 Refundable credits (from Schedule C2, line 3)	<input type="text" value="23"/>	_____	.00
24 Add lines 21 through 23	<input type="text" value="24"/>	_____	.00

25 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"/>	25	.00
26 Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	26	.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 2007 estimated tax . 28		.00
29 Subtract line 28 from line 27. This is your refund	29	.00
30 Enter total company gross receipts from all activities (see instructions)	30	.00
31 Enter total company assets from federal Form 1120 or 1120-A, item D	31	.00
32 a Property _____ . _____ % b Wisconsin property (from Form 4B, line 16)	32b	.00
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
34 a Sales _____ . _____ % b Wisconsin sales (from Form 4B, line 35)	34b	.00
c Total company sales (from Form 4B, line 35)	34c	.00

Schedule C1 - Nonrefundable Credits (See instructions, page 12)

1 Manufacturer's sales tax credit carryforward (Sch. MS, line 8)	1	.00
2 Dairy and livestock farm investment credit (Sch. DI, line 9)	2	.00
3 Research expense credit (Sch. R, line 30)	3	.00
4 Development zones research credit carryforward	4	.00
5 Research facilities credit (Sch. R, line 34)	5	.00
6 Community development finance credit	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 rehabilitation tax credit (Sch. HR, line 7)	17	.00
18 Add lines 1 through 17 (enter on page 1, line 15)	18	.00

Schedule C2 - Refundable Credits (See instructions, page 14)

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 page 1, line 23)	3	.00



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 Related party information: Enter the amount of sales \$ _____, purchases \$ _____, management fees paid \$ _____, interest expense \$ _____, royalties paid \$ _____, and interest income received \$ _____ in transactions with related parties 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 No If yes, see General Instructions, page 5, and indicate years adjusted: _____
- 7 Enter the number of Wisconsin business locations at the end of the year: _____
- 8 List the locations of your Wisconsin operations: _____
- 9 Are any manufacturing facilities located in Wisconsin? Yes No

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, 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

