2006

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

1CNS

Due Date: April 16, 2007

Tax-Option (S) Corporation Name		Federal Employer ID Number						
		Corporation Year Ending (Month and Year)						
Number and Street		Check here if this is an	Check here if this is an amended return					
City		State	State ZIP Code					
Person to Contact F	Regarding This Return	Telephone Number	Fax Numbe	Fax Number				
Instructions:								
corporation that	form on behalf of the qualifying and at does business in Wisconsin. All req a composite individual income tax ret	uirements stated in the i						
Schedule 1	Tax Computation							
	tax-option (S) corporation income (loss)			•				
	Schedule 2, column G							
	minimum tax from Schedule 2, column H							
	2 and 3. This is the total tax							
	income tax withheld from Schedule 2, co							
	less than line 4, subtract line 5 from line 4							
	more than line 4, subtract line 4 from line line 7 to be applied to 2007 withholding			•				
	line 7 to be refunded to corporation			•				
OLONATUREO	I have personally examined this return, includi best of my knowledge and belief, a true, corre Wisconsin Statutes. I also declare that this tax- each qualifying and participating nonresident	ect, and complete report of inco- option corporation has a powe	ome under the provisi r of attorney or other w	ions of Chapter 71 of the written authorization from				
SIGNATURES	Signature of Authorized Officer	Title		Date				
	Individual or Firm Signature of Preparer	Preparer's Federal Employ	er ID Number	er Date				
	,							
	Attach a copy of any application for an extension of time to file the return.							
MAILING	Don't attach a copy of federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1.							
	Make check payable to and mail return to: Wisconsin Department of Revenue P.O. Box 8991 Madison, WI 53708-8991							

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	(B) Social Security	(C) Pro Rata Share	(D) Shareholder's Share of Wis. Tax-Option Corporation	(E) Federal Adjusted Gross Income From	(F) Filing Status (S, H, MFJ,	(G)	(H) Alternative Minimum	(I) Wisconsin Income	(J) Balance Due (Overpay-
Nonresident Shareholder (and Spouse if Married Filing Jointly) a.	Security Number	(%)	Income (Loss)	Form 1040	MFS)	Tax	Tax	Tax Withheld	ment)
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
TOTALS (enter on appropriate line on Schedule 1)									