


# 2015 Form 6Y - Wisconsin Modification for Dividends

Designated Agent Name	Federal Employer ID Number
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Corporation Name: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Combined  
Totals

Name of Payer Corporation						
<b>1a</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1a _____	.00    .00    .00	1a _____	.00
Name of Payer Corporation						
<b>1b</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1b _____	.00    .00    .00	1b _____	.00
Name of Payer Corporation						
<b>1c</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1c _____	.00    .00    .00	1c _____	.00
Name of Payer Corporation						
<b>1d</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1d _____	.00    .00    .00	1d _____	.00
Name of Payer Corporation						
<b>1e</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1e _____	.00    .00    .00	1e _____	.00
Name of Payer Corporation						
<b>1f</b>	Date Acquired by Payee M M D D Y Y Y Y _____	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1f _____	.00    .00    .00	1f _____	.00
Name of Payer Corporation						
<b>1g</b>	Add lines 1a through 1f . . . . .	<b>1g</b>	.00	.00	.00	<b>1g</b> .00
<b>1h</b>	Total of line 1g from additional Forms 6Y (see instructions) . . . . .	<b>1h</b>	.00	.00	.00	<b>1h</b> .00
<b>2</b>	Add lines 1g and 1h. . . . .	<b>2</b>	.00	.00	.00	<b>2</b> .00
<b>3</b>	Enter foreign taxes paid on dividends included on line 2 . . . . .	<b>3</b>	.00	.00	.00	<b>3</b> .00
<b>4</b>	Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a . . . . .	<b>4</b>	.00	.00	.00	<b>4</b> .00