



Do not use this form if filing as a single entity.

Complete form using **BLACK INK**.

Due Date: 15th day of 3rd month following close of taxable year.

Designated Agent Name									
Number and Street			Suite Number						
City	State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number						
For 2015 or taxable year beginning <small> M M D D Y Y Y Y </small> and ending <small> M M D D Y Y Y Y </small>			B Business Activity (NAICS) Code						
D Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale 6 <input type="checkbox"/> The controlled group election is being made for the first time.			C State of Incorporation and Year <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 30px; vertical-align: top;">Enter abbreviation of state in box, or if a foreign country, enter below.</td> <td style="width: 40%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> </tr> </table> </td> </tr> </table>	Enter abbreviation of state in box, or if a foreign country, enter below.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> </tr> </table>	Y	Y	Y	Y
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Y	Y	Y	Y						

1 Combined Unitary Income. Form 6, Part II, line 8 combined total	1		.00
2 Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total. Check if 100% apportionment <input type="checkbox"/>	2 %	
3 Multiply line 1 by line 2	3		.00
4 Wisconsin net nonapportionable and separately apportioned income. Form(s) N, line 14 . . .	4		.00
5 Add lines 3 and 4	5		.00
6 Net capital loss adjustment. Form 6, Part III, line 5 combined total.	6		.00
7 Subtract line 6 from line 5	7		.00
8 Loss adjustment for insurance companies. See instructions.	8		.00
9 Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards. . . .	9		.00
10 Wisconsin net business loss carryforward. Form 6, Part III, line 7 combined total	10		.00
11 Subtract line 10 from line 9. This is Wisconsin net income or loss	11		.00
12 Sum of gross tax from all members Form 6, Part III, line 9 combined total	12		.00
13 Nonrefundable credits. Form 6, Part III, line 10 combined total.	13		.00
14 Subtract line 13 from line 12. If line 13 is more than line 12, enter zero (0). This is the net tax.	14		.00
15 Economic development surcharge. Form 6, Part III, line 11c combined total	15		.00
16 Endangered resources donation.	16		.00
17 Veterans trust fund donation	17		.00
18 Add lines 14 through 17	18		.00
19 Estimated tax payments less refund from Form 4466W	19		.00
20 Wisconsin Tax Withheld. See instructions	20		.00
21 Refundable credits. Form 6, Part III, line 13 combined total	21		.00
22 Amended return only - amount previously paid.	22		.00
23 Add lines 19 through 22	23		.00
24 Amended return only - amount previously refunded	24		.00
25 Subtract line 24 from line 23	25		.00
26 Interest, penalty, and late fee due. Check the box if annualized on Form U. <input type="checkbox"/>	26		.00
27 Tax due. If the total of lines 18 and 26 is larger than 25, subtract line 25 from the total of lines 18 and 26	27		.00
28 Overpayment. If line 25 is larger than the total of lines 18 and 26, subtract the total of lines 18 and 26 from line 25	28		.00
29 Enter amount from line 28 you want credited to 2016 estimated tax.	29		.00
30 Subtract line 29 from line 28. This is your refund	30		.00

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Federal Employer ID Number



Reconciliation With Federal Consolidated Return:

1 From the federal consolidated return(s), list the parent corporation(s) name, federal employer identification number (FEIN), and the amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 2.

Parent Company Name	FEIN	Form 1120, Line 28
a _____ - _____ .00		
b _____ - _____ .00		
c _____ - _____ .00		
d Total from the sum of all Forms 1120, line 28 listed in number one above. 1d _____ .00		

2 List companies whose federal returns are not listed on line 1 that are in the Wisconsin combined group.

Company Name	FEIN	Form 1120, Line 28
a _____ - _____ .00		
b _____ - _____ .00		
c _____ - _____ .00		
d Total from the sum of all Forms 1120, line 28 listed in number two above 2d _____ .00		

3 Add lines 1d and 2d. 3 _____ .00

4 List companies who are included in the federal consolidated return from line 1, but are not Wisconsin combined group members.

Company Name	FEIN	Form 1120, Line 28
a _____ - _____ .00		
b _____ - _____ .00		
c _____ - _____ .00		
d Total from the sum of all Forms 1120, line 28 listed in line 4 above 4d _____ .00		

5 Subtract line 4d from line 3, this should equal the Form 6, Part I, line 28 combined total without including the elimination adjustments. 5 _____ .00

6 Enter the number of companies included in this combined return 6 _____

7 Enter the federal net income of corporations in the commonly controlled group that are not in the federal consolidated return or this combined return. Submit a schedule identifying each corporation 7 _____ .00

8 Enter total gross sales corresponding to amount on line 7 8 _____ .00

9 City and state where books and records are located for audit purposes: City: _____ State: _____

10 List the locations of Wisconsin operations: _____

11 Person to contact concerning this return:

Last Name: _____ First Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Third Party Designee Do you want to allow another person to discuss this return with the department? **Yes** Complete the following. **No**

Print Designee's Name Phone Number Personal Identification Number (PIN)

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

You must file a copy of your federal return with Form 6, even if no Wisconsin activity.

See the instructions for a description of federal return information that must be filed with Form 6.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
PO Box 8908
Madison WI 53708-8908

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number
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Part I: Modified Federal Taxable Income

		Corporation Name: _____			Elimination	Combined	
		FEIN: - - -			Adjustments	Totals	
1	Net receipts or sales	1	.00	.00	.00	1	.00
a	Intercompany sales	1a	.00	.00	.00	1a	.00
2	Cost of goods sold	2	.00	.00	.00	2	.00
3	Gross profit. Subtract line 2 from line 1	3	.00	.00	.00	3	.00
4	Dividends	4	.00	.00	.00	4	.00
5	Interest	5	.00	.00	.00	5	.00
6	Gross rents	6	.00	.00	.00	6	.00
7	Gross royalties	7	.00	.00	.00	7	.00
8	Capital gain net income	8	.00	.00	.00	8	.00
9	Net gain or loss from U.S. Form 4797	9	.00	.00	.00	9	.00
10	Other income	10	.00	.00	.00	10	.00
11	Total income. Add lines 3 through 10	11	.00	.00	.00	11	.00
12	Compensation of officers	12	.00	.00	.00	12	.00
13	Salaries and wages less employment credit	13	.00	.00	.00	13	.00
14	Repairs and maintenance	14	.00	.00	.00	14	.00
15	Bad debts	15	.00	.00	.00	15	.00
16	Rents	16	.00	.00	.00	16	.00
17	Taxes and licenses	17	.00	.00	.00	17	.00
18	Interest	18	.00	.00	.00	18	.00
19	Charitable contributions	19	.00	.00	.00	19	.00
20	Depreciation	20	.00	.00	.00	20	.00
21	Depletion	21	.00	.00	.00	21	.00
22	Advertising	22	.00	.00	.00	22	.00

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number
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				<u>Elimination Adjustments</u>	<u>Combined Totals</u>
Corporation Name: _____					
FEIN: _____					
k Federal work opportunity credit wages 4k	.00	.00	.00	.00	4k .00
l Federal research credit expenses 4l	.00	.00	.00	.00	4l .00
m Other subtractions:					
a _____ 4m-a	.00	.00	.00	.00	4m-a .00
b _____ 4m-b	.00	.00	.00	.00	4m-b .00
c _____ 4m-c	.00	.00	.00	.00	4m-c .00
d _____ 4m-d	.00	.00	.00	.00	4m-d .00
e Add lines 4m-a through 4m-d. 4m-e	.00	.00	.00	.00	4m-e .00
n Nontaxable income from life insurance operations 4n	.00	.00	.00	.00	4n .00
o Total subtractions (add lines 4a through 4l plus lines 4m-e and 4n) . . . 4o	.00	.00	.00	.00	4o .00
5 Total (subtract line 4o from line 3) 5	.00	.00	.00	.00	5 .00
6 Net nonapportionable and separately apportioned income from Form N, line 8 6	.00	.00	.00	.00	6 .00
7 Pre-apportioned income. Subtract line 6 from line 5 7	.00	.00	.00	.00	7
8 Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1 8					8 .00

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

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Part V: Nonrefundable Credits

Corporation Name: _____
 FEIN: _____

1 Summary of available nonrefundable credits from credit schedules:		1a	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1b	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1c	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1d	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1e	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1f	<u> .00</u>	<u> .00</u>	<u> .00</u>		
		1g	<u> .00</u>	<u> .00</u>	<u> .00</u>		
Add lines 1a through 1g		1h	<u> .00</u>	<u> .00</u>	<u> .00</u>	Combined Totals	<u> .00</u>
2 Enter the member's gross tax from Part III, line 9		2	<u> .00</u>	<u> .00</u>	<u> .00</u>		<u> .00</u>
3 Enter the lesser of line 1h or line 2 (see instructions for exception)		3	<u> .00</u>	<u> .00</u>	<u> .00</u>		<u> .00</u>
4 If line 2 is less than line 1h and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 4		4	<u> .00</u>	<u> .00</u>	<u> .00</u>		<u> .00</u>
5 Add lines 3 and 4. This is the amount to enter on Part III, line 10		5	<u> .00</u>	<u> .00</u>	<u> .00</u>		<u> .00</u>

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Designated Agent Name	Federal Employer ID Number
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Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name: _____

Street Address/PO Box: _____

City, State: _____

Zip Code: _____

FEIN: _____

NAICS: _____

1 Member's state and year of incorporation	____	Y Y Y Y	____	Y Y Y Y	____	Y Y Y Y
2 Corporation's tax period included in this return:	Beginning	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
	Ending	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
3 Member's taxable year end 3		M M D D	M M D D	M M D D	M M D D	M M D D
4 If you have an extension of time to file, enter extended due date . 4		M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
5 If IRS adjustments became final during the year, enter the years adjusted 5					5	

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number
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				<u>Elimination Adjustments</u>	<u>Combined Totals</u>
Corporation Name: _____	_____	_____	_____		
FEIN: _____	_____	_____	_____		
6 Enter total gross receipts from all activities	6 _____	_____	_____	_____	6 _____
		.00	.00	.00	.00
7 Total Wisconsin sales, receipts, or premiums included in apportionment ratio	7 _____	_____	_____	_____	7 _____
		.00	.00	.00	.00
8 Total sales, receipts, or premiums included in apportionment ratio	8 _____	_____	_____	_____	8 _____
		.00	.00	.00	.00
9 Total Wisconsin payroll	9 _____	_____	_____	_____	9 _____
		.00	.00	.00	.00
10 Total payroll.	10 _____	_____	_____	_____	10 _____
		.00	.00	.00	.00
11 Total Wisconsin tangible property.	11 _____	_____	_____	_____	11 _____
		.00	.00	.00	.00
12 Total tangible property.	12 _____	_____	_____	_____	12 _____
		.00	.00	.00	.00
13 Enter total assets from federal Form 1120.	13 _____	_____	_____	_____	13 _____
		.00	.00	.00	.00

2015 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number
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Corporation Name: _____

FEIN: _____

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14 Was the member excluded from a combined group in another state?	14	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Did the member file a separate Wisconsin return or was included in another group?	15	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the member an insurance company?	16	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Was the member a tax exempt corporation?	17	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Did the member file a final return?	18	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Did the member join the group during the year?	19	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19	<input type="checkbox"/> Yes <input type="checkbox"/> No
20 Did the member leave the group during the year?	20	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20	<input type="checkbox"/> Yes <input type="checkbox"/> No
21 Was this a short period return because of a change in accounting method?	21	<input type="checkbox"/> Yes	<input type="checkbox"/> No	21	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Was this a short period return because of a stock purchase or sale?	22	<input type="checkbox"/> Yes	<input type="checkbox"/> No	22	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.....	23	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Was the income from the disregarded entities in question 23 included in this return?	24	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	25	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25	<input type="checkbox"/> Yes <input type="checkbox"/> No
26 Are any manufacturing facilities located in Wisconsin?	26	<input type="checkbox"/> Yes	<input type="checkbox"/> No	26	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	27	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, include with this return	28	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28	<input type="checkbox"/> Yes <input type="checkbox"/> No