Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

Save Print Clear

Form **1CNS**

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

2016

Due Date: April 18, 2017

☐ Check (✓) if this is an AMENDED return

☐ Check (✓) if this is a final return

Corporation Year Ending M M D D Y Y Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Tax-Option (S) Corporation Name		Federal Employer ID Number
Number and Street		Suite Number
City	State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding This Return	Telephone Number	Fax Number

_____ ◄ Number of shareholders included in this return.

Caution: Only qualifying shareholders may be included in this return. See instructions for details.

IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → –1000 NOT LIKE THIS →(1000) NO COMMAS; NO CENTS

Schedule 1 Tax Computation

1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1	1	.00
2	Tax from Schedule 2, column G	2	.00
3	Alternative minimum tax from Schedule 2, column H	3	.00
4	Add lines 2 and 3. This is the total tax	4	.00
5	Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column I)	5	.00
6	Amended Return Only – amount previously paid	6	.00
7	Add lines 5 and 6	7	.00
8	Amended Return Only – amount previously refunded	8	.00
9	Subtract line 8 from 7	9	.00
10	If line 9 is less than line 4, subtract line 9 from line 4 and enter **tax due**	10	.00
11	If line 9 is more than line 4, subtract line 4 from line 9 and enter **overpayment**. This is the amount to be **refunded** to corporation	11	.00

Include a copy of any application for a federal extension of time to file. *Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.*

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) ▼ ___ ___ ___ ___ ___

SIGNATURES

I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.

Signature of Authorized Officer	Title	Date
Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date

IF NOT FILING ELECTRONICALLY

Make check payable to and mail return to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991

IC-057

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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 if Married Filing Jointly)	(B) Social Security Number	(C) Pro Rata Share (%)	(D1) Shareholder's Share of WI Net Income (Loss) / (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax From Worksheet or 7.65% of (D1)	(H) Alternative Minimum Tax	(I) Tax Withheld from Form PW-1	(J) Balance Due (Overpay-ment)
a.			D1 / D2						
b.			D1 / D2						
c.			D1 / D2						
d.			D1 / D2						
e.			D1 / D2						
f.			D1 / D2						
g.			D1 / D2						
h.			D1 / D2						
i.			D1 / D2						
j.			D1 / D2						
k.			D1 / D2						
TOTALS (enter on appropriate line on Schedule 1)			D1 total only						

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