

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

For 2016 or taxable year beginning                               and ending                              

**2016**

**Complete form using BLACK INK. Due Date:** 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.  
Exempt Organization Name \_\_\_\_\_

DO NOT STAPLE OR BIND

Number and Street _____			Suite Number _____
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City _____	State _____	ZIP (+ 4 digit suffix if known) _____	<b>A</b> Federal Employer ID Number _____
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<b>D</b> Check <input type="checkbox"/> if applicable and attach explanation:		<b>B</b> Business Activity (NAICS) Code _____	<b>C</b> State of Organization _____ and Year _____
1 <input type="checkbox"/> Amended return			<div style="border: 1px solid black; padding: 2px;">                 Enter abbreviation of state in box, or if a foreign country, enter below.                  _____             </div>
2 <input type="checkbox"/> First return - new corporation or entering Wisconsin	4 <input type="checkbox"/> Short period - change in accounting period		
3 <input type="checkbox"/> Final return - corporation dissolved or withdrew	5 <input type="checkbox"/> Short period - stock purchase or sale		

**Check  if applicable and see instructions:**

**E**  If you have an extension of time to file, enter extended due date                              

**F**  If you have related entity expenses and are required to file Schedule RT with this return.

**G**  If you changed your organization name.

**H**  Internal Revenue Service adjustments became final during the year.  
Enter years adjusted **▶** \_\_\_\_\_

<b>I</b> Check <input type="checkbox"/> type of organization: 1 <input type="checkbox"/> Corporation    2 <input type="checkbox"/> Trust - due 4th month    3 <input type="checkbox"/> Trust - due 5th month	<b>J</b> Name of Trustee if Taxable as Trust _____
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**ENTER NEGATIVE NUMBERS LIKE THIS → -1000    NOT LIKE THIS → (1000)    NO COMMAS; NO CENTS**

**Organizations Taxable as Corporations** (Trusts do not fill in lines 1 through 10)

<u>1</u>	Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	<b>1</b>	.00
<u>2</u>	Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) . . . . .	<b>2</b>	.00
<u>3</u>	Subtract line 2 from line 1. This is apportionable unrelated business taxable income . . . . .	<b>3</b>	.00
<u>4</u>	Wisconsin apportionment percentage (from Form A-1 or Form A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form A-2, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>	<b>4</b>	. . . . . %
	If 100% apportionment, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>		
<u>5</u>	Multiply line 3 by line 4. . . . .	<b>5</b>	.00
<u>6</u>	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9) . . . . .	<b>6</b>	.00
<u>7</u>	Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss) . . . . .	<b>7</b>	.00
<u>8</u>	Enter 7.9% (0.079) of amount on line 7. This is gross tax . . . . .	<b>8</b>	.00
<u>9</u>	Nonrefundable credits (from Schedule CR) . . . . .	<b>9</b>	.00
<u>10</u>	Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax . . . . .	<b>10</b>	.00

PAPER CLIP check or money order here

**Organizations Taxable as Trusts** (Corporations do not fill in lines 11 through 20)

<u>11</u>	Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	<b>11</b>	.00
<u>12</u>	Additions (from Schedule T1, line 10 on page 3) . . . . .	<b>12</b>	.00
<u>13</u>	Add lines 11 and 12 . . . . .	<b>13</b>	.00
<u>14</u>	Subtractions (from Schedule T2, line 8 on page 3) . . . . .	<b>14</b>	.00
<u>15</u>	Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income . . . . .	<b>15</b>	.00
<u>16</u>	Tax from tax table on amount on line 15. This is gross tax . . . . .	<b>16</b>	.00

Table with 3 columns: Line number, Description, and Amount. Rows include Nonrefundable credits, Net income tax paid to other states, Add lines 17 and 18, Subtract line 19 from line 16, Tax from line 10 or 20, Economic development surcharge, Endangered resources donation, Veterans trust fund donation, Add lines 21 through 24, Estimated tax payments less refund from Form 4466W, Wisconsin tax withheld, Refundable credits, Amended Return Only - amount previously paid, Add lines 26 through 29, Amended Return Only - amount previously refunded, Subtract line 31 from 30, Interest, penalty, and late fee due, Tax due, Overpayment, Enter amount of line 35 you want credited on 2017 estimated tax, Subtract line 36 from line 35, Enter total gross receipts from all unrelated trade or business activities.

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)?
4 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?
5 List the locations of your Wisconsin operations:

Third Party Designee section with fields for Print Designee's Name, Phone Number, and 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 table with 3 columns: Signature, Title, Date. Rows for Officer or Trustee and Preparer's Signature.

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

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



**Schedule T1 – Trust Additions** (See instructions)

<b>1</b>	Interest income (less related expenses) from state and municipal obligations . . . . .	<b>1</b>	_____
<b>2</b>	State and local franchise or income taxes . . . . .	<b>2</b>	_____
<b>3</b>	Capital gain/loss adjustment . . . . .	<b>3</b>	_____
<b>4</b>	Federal net operating loss carryover . . . . .	<b>4</b>	_____
<b>5</b>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<b>5</b>	_____
<b>6</b>	Domestic production activities deduction . . . . .	<b>6</b>	_____
<b>7</b>	Transitional adjustments . . . . .	<b>7</b>	_____
<b>8</b>	Credits computed (see instructions):		
<b>8a</b>	Business development credit . . . . .	<b>8a</b>	_____
<b>8b</b>	Community rehabilitation program credit. . . . .	<b>8b</b>	_____
<b>8c</b>	Development zones credits. . . . .	<b>8c</b>	_____
<b>8d</b>	Economic development tax credit. . . . .	<b>8d</b>	_____
<b>8e</b>	Enterprise zone jobs credit . . . . .	<b>8e</b>	_____
<b>8f</b>	Farmland preservation credit . . . . .	<b>8f</b>	_____
<b>8g</b>	Jobs tax credit. . . . .	<b>8g</b>	_____
<b>8h</b>	Manufacturing and agriculture credit. . . . .	<b>8h</b>	_____
<b>8i</b>	Manufacturing investment credit . . . . .	<b>8i</b>	_____
<b>8j</b>	Research expense credit . . . . .	<b>8j</b>	_____
<b>8k</b>	Technology zone credit . . . . .	<b>8k</b>	_____
<b>9</b>	Other: _____	<b>9</b>	_____
	_____		_____
	_____		_____
<b>10</b>	Total (enter on page 1, line 12) . . . . .	<b>10</b>	=====

**Schedule T2 – Trust Subtractions** (See instructions)

<b>1</b>	Interest income (less related expenses) from United States government obligations . . . . .	<b>1</b>	_____
<b>2</b>	Capital gain/loss adjustment . . . . .	<b>2</b>	_____
<b>3</b>	Wisconsin net operating loss carryforward . . . . .	<b>3</b>	_____
<b>4</b>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<b>4</b>	_____
<b>5</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	<b>5</b>	_____
<b>6</b>	Transitional adjustments . . . . .	<b>6</b>	_____
<b>7</b>	Other: _____	<b>7</b>	_____
	_____		_____
	_____		_____
	_____		_____
<b>8</b>	Total (enter on page 1, line 14) . . . . .	<b>8</b>	=====