

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) _____	A Federal Employer ID Number _____
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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		B Business Activity (NAICS) Code _____	C State of Organization and Year _____ and _____ Enter abbreviation of state in box, or if a foreign country, enter below. _____
4 <input type="checkbox"/> Short period - change in accounting period 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 **▶** _____

I 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	J 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)	1		.00
<u>2</u> Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8)	2		.00
<u>3</u> Subtract line 2 from line 1. This is apportionable unrelated business taxable income	3		.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 ▶ <input type="checkbox"/>	4	. _____ %	
If 100% apportionment, check (✓) the space after the arrow ▶ <input type="checkbox"/>			
<u>5</u> Multiply line 3 by line 4.	5		.00
<u>6</u> Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9)	6		.00
<u>7</u> Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	7		.00
<u>8</u> Enter 7.9% (0.079) of amount on line 7. This is gross tax	8		.00
<u>9</u> Nonrefundable credits (from Schedule CR)	9		.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	10		.00

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)	11		.00
<u>12</u> Additions (from Schedule T1, line 10 on page 3)	12		.00
<u>13</u> Add lines 11 and 12	13		.00
<u>14</u> Subtractions (from Schedule T2, line 8 on page 3)	14		.00
<u>15</u> Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	15		.00
<u>16</u> Tax from tax table on amount on line 15. This is gross tax	16		.00

PAPER CLIP check or money order here

17 Nonrefundable credits (from Schedule CR)	17	<u>.00</u>
18 Net income tax paid to other states	18	<u>.00</u>
19 Add lines 17 and 18	19	<u>.00</u>
20 Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax . . .	20	<u>.00</u>
21 Tax from line 10 or 20	21	<u>.00</u>
22 Economic development surcharge (see instructions)	22	<u>.00</u>
23 Endangered resources donation (decreases refund or increases amount owed)	23	<u>.00</u>
24 Veterans trust fund donation (decreases refund or increases amount owed)	24	<u>.00</u>
25 Add lines 21 through 24	25	<u>.00</u>
26 Estimated tax payments less refund from Form 4466W.	26	<u>.00</u>
27 Wisconsin tax withheld.	27	<u>.00</u>
28 Refundable credits (from Schedule CR)	28	<u>.00</u>
29 Amended Return Only – amount previously paid	29	<u>.00</u>
30 Add lines 26 through 29	30	<u>.00</u>
31 Amended Return Only – amount previously refunded	31	<u>.00</u>
32 Subtract line 31 from 30	32	<u>.00</u>
33 Interest, penalty, and late fee due (from Form U, line 17 or 26). If you annualized income on Form U, check (✓) the space after the arrow	33	<u>.00</u>
34 Tax due. If the total of lines 25 and 33 is larger than line 32, subtract line 32 from the total of lines 25 and 33.	34	<u>.00</u>
35 Overpayment. If line 32 is larger than the total of lines 25 and 33, subtract the total of lines 25 and 33 from line 32	35	<u>.00</u>
36 Enter amount of line 35 you want credited on 2017 estimated tax	36	<u>.00</u>
37 Subtract line 36 from line 35. This is your refund	37	<u>.00</u>
38 Enter total gross receipts from all unrelated trade or business activities	38	<u>.00</u>

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)? Yes No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return? Yes No
- 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? Yes No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 List the locations of your Wisconsin operations: _____

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 or Trustee	Title	Date
Preparer's Signature	Preparer's Federal Employer ID Number	Date

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)

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

Schedule T2 – Trust Subtractions (See instructions)

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