

2016 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name

Federal Employer ID Number

**Part I Additions Specific to Insurance Companies**

Corporation Name: _____			FEIN: _____			Elimination Adjustments			Combined Totals		
1	Loss carryforward deducted in the calculation of federal taxable income . . .	1	_____	_____	_____	_____	_____	_____	1	_____	_____
2	Dividend income received to the extent not included in the amount on Form 6, line 1	2	_____	_____	_____	_____	_____	_____	2	_____	_____
3	Additional federal deduction for insurers required to discount unpaid losses	3	_____	_____	_____	_____	_____	_____	3	_____	_____
4	Add lines 1 through 3. Enter this amount on Form 6, Part II, line 2i	4	_____	_____	_____	_____	_____	_____	4	_____	_____

Part II Nontaxable Income from Life Insurance Operations

5	Insurance company's federal taxable income as reported or included on Form 6, Part II, line 1	5	_____	_____	_____	_____	_____	5	_____	_____
6	Insurance company's total addition modifications from Form 6, Part II, line 2k	6	_____	_____	_____	_____	_____	6	_____	_____
7	Add lines 5 and 6	7	_____	_____	_____	_____	_____	7	_____	_____
8	Insurance company's total subtraction modifications from Form 6, Part II, lines 4a through 4l plus line 4m-e	8	_____	_____	_____	_____	_____	8	_____	_____
9	Subtract line 8 from line 7	9	_____	_____	_____	_____	_____	9	_____	_____
10a	Enter net gain from operations other than life insurance	10a	_____	_____	_____	_____	_____	10a	_____	_____
10b	Enter total net gain from operations	10b	_____	_____	_____	_____	_____	10b	_____	_____
11	Divide line 10a by line 10b and enter result as a percentage (see instructions)	11	_____ %	_____ %	_____ %	_____ %	_____ %	11	_____ %	_____ %
12	Multiply line 9 by line 11	12	_____	_____	_____	_____	_____	12	_____	_____
13	Subtract line 12 from line 9. Enter this amount on Form 6, Part II, line 4n	13	_____	_____	_____	_____	_____	13	_____	_____

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**Part III Net Business Loss Adjustment for Insurance Companies**

Corporation Name: _____

FEIN: _____

Elimination
AdjustmentsCombined
Totals

14	Enter amount from the insurance company's Form 6, Part III, line 2, net of any amount on line 3 of that same form	14	_____	.00	_____	.00	_____	.00	_____	.00	14	_____	.00
15	Enter amount from the insurance company's Form 6, Part III, line 4	15	_____	.00	_____	.00	_____	.00	_____	.00	15	_____	.00
16	Add lines 14 and 15	16	_____	.00	_____	.00	_____	.00	_____	.00	16	_____	.00
17	Enter net capital loss adjustment from Form 6, Part III, line 5 (enter as a positive amount)	17	_____	.00	_____	.00	_____	.00	_____	.00	17	_____	.00
18	Subtract line 17 from line 16. If the amount on line 18 is positive, there is no net business loss adjustment. If this amount is negative, complete lines 19 to 24	18	_____	.00	_____	.00	_____	.00	_____	.00	18	_____	.00
19	Enter the total dividends received deduction from Schedule 6Y, computed as explained in the instructions. Enter as a negative number	19	_____	.00	_____	.00	_____	.00	_____	.00	19	_____	.00
20	Enter the member's Wisconsin percentage from Form 6, Part III, line 1d, or if a member of a 100% Wisconsin group, enter "100.0000%."	20	_____	%	_____	%	_____	%	_____	%	20	_____	%
21	Multiply line 19 by line 20	21	_____	.00	_____	.00	_____	.00	_____	.00	21	_____	.00
22	Enter the dividends received deduction attributable to dividends reported on Form N, computed as explained in the instructions. Enter as a negative number	22	_____	.00	_____	.00	_____	.00	_____	.00	22	_____	.00
23	Add lines 21 and 22	23	_____	.00	_____	.00	_____	.00	_____	.00	23	_____	.00
24	If the absolute value of the amount on line 23 exceeds the absolute value of the amount on line 18, enter the amount from line 18 as a positive number. If the absolute value of the amount on line 18 exceeds the absolute value of the amount on line 23, enter the amount from line 23 as a positive number. Enter or include this amount on Form 6, Part III, line 6	24	_____	.00	_____	.00	_____	.00	_____	.00	24	_____	.00

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Part IV Tax Computation for Insurance Companies

Corporation Name: _____				Elimination		Combined	
FEIN: _____ - _____ - _____				<u>Adjustments</u>		<u>Totals</u>	
25	Use the amounts on Form 6, Part III to compute the insurance company's share of the combined Wisconsin net income. See instructions	25				25	
			.00		.00		.00
26	Multiply line 25 by 7.9%	26	.00		.00	26	.00
27a	Insurance company's gross premiums as defined in s. 76.62, Wis. Stats	27a	.00		.00	27a	.00
27b	Multiply line 27a by 2%	27b	.00		.00	27b	.00
28a	Wisconsin income realized from lottery prizes as reported on Form N, line 5 . . .	28a	.00		.00	28a	.00
28b	Multiply line 28a by 7.9%	28b	.00		.00	28b	.00
29	Add lines 27b and 28b	29	.00		.00	29	.00
30	Enter the lesser of the amounts on line 26 or line 29. This is the amount to enter on Form 6, Part III, line 9	30	.00		.00	30	.00