

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

Complete form using BLACK INK. Designated Agent Name					Due Date: 15th da	ay of 3rd n	nonth follow	wing close	of taxable year.
	mber and Street							Suite Numb	per
								Cuito Humb	701
City	1		State	ZIP (+ 4 digit suffix if known)	A Federa	al Employer I	D Number	
For	2016 or taxable year beginning	;	and			B Busine	ss in Wiscon	nsin	
	M M D D Y Y	YY	ending M	M D	D Y Y Y Y			ousiness in W	
D (Check ✓ if applicable and attach explanation:	4 Sh	ort period - c	change ir	accounting period	C State of	of Incorporation ☐ Enter abbreviage.	ion and reviation of	d Year
1	Amended return				chase or sale		state in bo		YYYY
2	, First return - new corporation or entering Wisconsin						below.	unitry, enter	
3	Final return - corporation dissolved or withdrew	for	the first time	9.	ection is being made				
1	Combined Unitary Income. Form 6, Part II, lin	ne 8 com	bined tota	ıl		1			. 00
2	Wisconsin apportionment percentage. Form 6								
	apportionment								
3	Multiply line 1 by line 2								. 00
4	Wisconsin net nonapportionable and separat	ely appoi	rtioned inc	come.	Part III, line 4	4			. 00
5	Add lines 3 and 4					5			. 00
6	Net capital loss adjustment. Form 6, Part III,	line 5 cor	mbined to	tal		6			. 00
7	Subtract line 6 from line 5					7			. 00
8	Loss adjustment for insurance companies. S	ee instru	ctions			8			.00
9	Add lines 7 and 8. This is the Wisconsin inco	me befor	e net busi	iness l	oss carryforwards.	9			. 00
10	Wisconsin net business loss carryforward. For	orm 6, Pa	rt III, line	7 com	bined total	10			. 00
11	Subtract line 10 from line 9. This is Wisconsi	n net inco	ome or los	SS		11			. 00
12	Sum of gross tax from all members Form 6, I	Part III, lir	ne 9 comb	oined to	otal	12			. 00
13	Nonrefundable credits. Form 6, Part III, line	10 combir	ned total.			13			.00
14	Subtract line 13 from line 12. If line 13 is more	e than lir	ne 12, ente	er zero	(0). This is the ne	t			
	tax								. 00
15	Economic development surcharge. Form 6, F	Part III, lir	ne 11c con	nbined	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 For	rm 4466V	V			19			•00
20	Wisconsin Tax Withheld. See instructions					20			•00
21	Refundable credits. Form 6, Part III, line 13 of	combined	total			21			•00
22									. 00
23	Add lines 19 through 22					23			. 00
	Amended return only - amount previously ref								. 00
25	Subtract line 24 from line 23								00
	Interest, penalty, and late fee due. Check the								00
	Tax due. If the total of lines 18 and 26 is large								100
	lines 18 and 26					27			.00
28	Overpayment. If line 25 is larger than the to 18 and 26 from line 25								. 00
20	Enter amount from line 28 you want credited								.00
	Subtract line 29 from line 28. This is your re								.00
90	Caba act mic 20 nom mic 20. This is your le					50			-00

Designated Agent Name			
Federal Employer ID Number			
Reconciliation With Federal Consolidated Retu	urn:	1	
1 From the federal consolidated return(s), list the pa amount on line 28 of the consolidated federal Form If no members of the group filed a federal consolid	n 1120. If there are more th	federal employer identification num an three federal consolidated return	ber (FEIN), and the ns, see instructions.
Parent Company Name	<u>FEIN</u>	Form 1120, Line 28	
a			
b			
c			
d Total from the sum of all Forms 1120, line 28 lis	ted in number one above.	1d	.00.
2 List companies whose federal returns are not listed	d on line 1 that are in the W	Visconsin combined group.	
Company Name	<u>FEIN</u>	Form 1120, Line 28	
a			
b			
C			
d Total from the sum of all Forms 1120, line 28 list	ted in number two above .	2d	.00
3 Add lines 1d and 2d			.00
4 List companies who are included in the federal cor combined group members.	nsolidated return from line	1, but are not Wisconsin	
Company Name	<u>FEIN</u>	Form 1120, Line 28	
a			
b			
C			
d Total from the sum of all Forms 1120, line 28 list			
5 Subtract line 4d from line 3		·	
6 Enter the number of companies included in this co	mbined return	6	
7 Enter the federal net income of corporations in the	commonly controlled grou	p that are not in the federal	
consolidated return or this combined return. Submi			
8 Enter total gross sales corresponding to amount or			
9 City and state where books and records are locate	d for audit purposes: City:		State:
10 List the locations of Wisconsin operations:			
11 Person to contact concerning this return:	Firet No	amo:	
Last Name:		ame:	
Phone Number:	EIIIall.		
Third Do you want to allow another person to discuss	this return with the department	? Yes Complete the following.	No
Party Print	Phone N	lumber ▼ Personal Identifi	cation Number (PIN)
Designee's			, ,
Inder penalties of law, I declare that this return and all a	<u> </u>		nowledge and belief.
Signature of Officer	Title	Date	
Preparer's Signature	Preparer's Federal E	Employer ID Number Date	
Freparet s Signature	Fiepalei s Federal E	Imployer to Number Date	
<u> </u>		15	

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

Designated Agent Name	Federal Employer ID Number



Part I: Modified Federal Taxable Income

	Corporation Nan FEIN:	ne: _				Elimination <u>Adjustments</u>		Combined <u>Totals</u>
1	Net receipts or sales	1 _	.00.	.00.	.00		1	.00.
а	Intercompany sales	1a _	.00	.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	.00	4	.00.
5	Interest	5	.00.				5	.00.
6	Gross rents	6 _	.00	.00			6	.00
7	Gross royalties	7 _	.00.				7	.00.
8	Capital gain net income	8 _	.00				8	.00
9	Net gain or loss from U.S. Form 4797	9 _	.00.	.00			9	.00
10	Other income	10 _	.00.				10	.00.
11	Total income. Add lines 3 through 10	11 _	.00.	.00.	.00	.00	11	.00.
12	Compensation of officers	12 _	.00.	.00.	.00	.00	12	.00.
13	Salaries and wages less employment credit	13 _	.00.	.00.	.00	.00	13	.00.
14	Repairs and maintenance	14 _	.00.	.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.				17	.00
18	Interest	18 _	.00.			.00	18	.00.
19	Charitable contributions	19 _	.00.	.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		22	.00.

Designated Agent Name Federal Employer ID Number Corporation Name: Elimination Combined FEIN: Adjustments Totals .00 .00 Domestic production activities deduction ... 25 .00 .00 **25** .00 .00 .00 .00 .00 .00 **26** Total deductions. Add lines 12 through 26 27 .00 27 .00 .00 Taxable income or loss. Subtract line 27 .00 .00 Net capital gains included on line 28 .00 (enter as a negative in member columns) . . 29 .00 .00 .00 29 .00 Recomputed net capital gain, applying capital .00 loss limitation at combined group level 30 .00 .00 .00 30 .00 Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive in member columns) . . . 31 .00 .00 31 Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative in member columns) . . 32 .00 .00 .00 32 .00 Adjustment to defer or recognize intercompany income, expense, gain, or loss between group .00 Other adjustments based on federal law (explain on an attached statement) 34 .00 .00 .00 34 .00 Combine lines 28 through 34. Enter on .00 Form 6, Part II, line 1, on the next page 35 .00 .00 .00 35 .00

Designated Agent Name	Federal Employer ID Number



Part II: Unitary Income Computation

	Corporation No.	ame: _				Elimination Adjustments		Combined <u>Totals</u>
	Modified federal taxable income from Part I, line 35	1 _	.00.	.00.		.00	1 .	.00
2	Additions to income:							
	Interest income from state and municipal obligations	2a _	.00			.00.	2a	.00
	b State taxes accrued or paid	2b	.00	.00	.00.		2b	.00
	c Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	2c _	.00	.00		.00	2c	.00
	d Domestic production activities deduction	2d _	.00				2d	.00
	e Expenses related to nontaxable income	2e _	.00			.00.	2e	.00
	f Basis, section 179, depreciation difference	2f _	.00	.00.		.00.	2f	.00
	g Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	2g _	.00.	.00		.00.	2g _	.00
	h Total additions for certain credits computed:							
	a Business development credit	2h-a _	.00	.00			2h-a	.00.
	b Community rehabilitation program credit	2h-b _	.00				2h-b	.00
	c Development zones credits	2h-c _	.00				2h-c	.00.
	d Economic development credit	2h-d _	.00	.00			2h-d	.00.
	e Enterprise zone jobs credit	2h-e _	.00	.00	.00.		2h-e	.00
	f Farmland preservation credit	2h-f _	.00	.00	.00.		2h-f	.00
	g Jobs tax credit	2h-g _	.00	.00			2h-g	.00.
	h Manufacturing investment credit	2h-h _	.00	.00	.00.	.00	2h-h	.00
	i Manufacturing and agriculture credit	2h-i _	.00		.00	.00	2h-i	.00
	j Research credits	2h-j	.00	.00		.00	2h-j	.00

Desig	nated Agent Name			Federal Employer ID NU	imber			
	Corporation Na	ame:				Elimination		Combined
	FEIN:					<u>Adjustments</u>		<u>Totals</u>
	k Technology zone credit	2h-k	.00	.00	.00	.00	2h-k	.00.
	I Total credits (add lines 2h-a through 2h-k)	2h-l	.00	.00	.00	.00	2h-l	.00.
i	Special additions for insurance companies	2i	.00	.00	.00	.00	2i	.00
j	Other additions:							
	a	2j-a	.00	.00	.00	.00	2j-a	.00.
	b	2j-b	.00	.00	.00	.00	2j-b	.00.
	c	2j-c	.00	.00	.00	.00	2j-c	.00.
	d	2j-d	.00	.00	.00	.00	2j-d	.00.
	e Add lines 2j-a through 2j-d	2j-e	.00	.00	.00	.00	2ј-е	.00.
. k	Total additions (add lines 2a through 2g, 2h-l, 2i, and line 2j-e)	2k	.00	.00_	.00	.00	2k	.00.
3 To	otal (add lines 1 and 2k)	3	.00	.00	.00	.00	3	.00
4 S	ubtractions from income:							
а	Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	4a	.00	.00	.00	.00	4a	.00.
b	Related entity expenses eligible for subtraction	4b	.00	.00	.00	.00	4b	.00.
С	Income from related entities whose expenses were disallowed	4c	.00	.00	.00	.00	4c	.00.
d	Subpart F income	4d	.00	.00	.00	.00	4d	.00.
е	Gross-up of foreign dividend income	4e	.00	.00	.00	.00	4e	.00.
f	Nontaxable income	4f	.00	.00	.00	.00	4f	.00
g	Foreign taxes	4g	.00	.00	.00	.00	4g	.00
h	Cost depletion	4h	.00	.00	.00	.00	4h	.00
i	Basis, section 179, depreciation difference, amortization of assets	4i	.00	.00	.00	.00	4i	.00
j	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	4j	.00_	.00	.00	.00	4j	.00

Designated Agent Name			Federal Empl	loyer ID Number			
	Corporation Name:				Elimination		Combined
	FEIN:				<u>Adjustments</u>		<u>Totals</u>
k Federal work oppor	rtunity credit wages 4k	.00	.00	.00.	.00.	4k	.00
I Federal research c	redit expenses 4I	.00	.00			41	.00
m Other subtractions:							
a	4m-a	.00	.00	.00	.00	4m-a	.00
b	4m-b	.00	.00.	.00		4m-b	.00
c	4m-c	.00	.00.	.00		4m-c	.00
d	4m-d	.00	.00.	.00	.00	4m-d	.00
e Add lines 4m-a t	hrough 4m-d 4m-e	.00	.00.	.00		4m-e	.00
n Nontaxable income insurance operation	e from life ns 4n	.00				4n	.00
 Total subtractions (through 4l plus lines 	add lines 4a s 4m-e and 4n) 4o	.00				40	.00
5 Total (subtract line 4o	from line 3) 5	.00	.00.	.00	.00	5	.00
6 Net nonapportionable apportioned income fr		.00	.00			6	.00.
7 Pre-apportioned incor from line 5		.00				7	
7a 100% Wisconsin grou Enter each members adjustments		.00		.00			
7b 100% Wisconsin grou Subtract line 7a from result here and on Pa		.00	.00	.00			
8 Combined unitary inco line 6 from line 5. Ente page 1 line 1						8	.00

Designated Agent Name Federal Employer ID Number



Part III: Member's Share of Form 6 Items

Pai	Till: Member's Share of Form 6 Iter	ns				
	Corporation Name:					Combined
	FEIN:					<u>Totals</u>
1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2 1a	.00	.00	.00	1a ₋	.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2 1b	.00			1b	.00
1c	Enter combined total amount from line 1b . 1c _	.00				
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c 1d	%	%	%	1d _	%
	Check if apportionment is from Form A-2					
2	Multiply Part II, line 8, by line 1d. See Instr 2	.00			2	.00
3	Adjustment for current year loss offset (see instructions)	.00	.00	.00.	3	.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	.00			4	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e)	.00			5	.00
6	Loss adjustment for insurance companies (from Schedule 6I, line 24) 6	.00	.00		6	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form) 7	.00		.00.	7	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7)	.00	.00	.00.	8	.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions	.00	.00		9	.00
10	Nonrefundable credits (from Part V, line 5 of this form)	.00	.00	.00	10	.00
11	Economic development surcharge:					
а	Enter gross receipts from all activities (from Part VI, line 6)	.00	.00		11a	.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Part III, line 9	.00			11b	.00
С	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25.If the result is more than \$9,800, fill in \$9,800	.00.		.00.	11c	.00

Designated Agent Name			Federal Employer ID N	Number		
	Corporation Name: FEIN:					ombined Totals
12	Wisconsin tax withheld (see instructions)	.00	.00	.00	12	.00
13	Refundable credits. For each credit, enter code from instructions and amount13a	.00	.00	.00		
	13b		.00	.00		
	13c		.00	.00		
	Add lines 13a through 13c13d	.00	.00	.00	13d	.00.
	Member's portion of combined unitary income from Part III, line 2 plus line 3 1 Member's net nonapportionable and separately apportioned income from				1	.00
2	Part III, line 4				2 3	.00.
	Member's net capital loss adjustment from Part III, line 5 (enter as a positive number)	.00		.00	4 5	.00
6	Member's net business loss carryforward from Form 6BL, Part II, line 30, column (i) (Nonsharable) or the amount this member elected to use this period 6		.00	.00	6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero	.00	.00	.00	7	.00
8	Subtract line 7 from line 5	.00	.00	.00	8	.00

Des	Designated Agent Name		Federal En	nployer ID Number			
	Corporation Nan	ne:					
	FEIN:						
9	Member's net business loss carryforward from Form 6BL, Part II, line 30, columns						Combined <u>Totals</u>
	(j) and (k) (Sharable) or the amount this member elected to use this period	9	.00	.00.		9	
10	Enter the lesser of line 8 or line 9, but not less than zero	10	.00	.00	.00	10	
11	Subtract line 10 from line 9. This is your remaining sharable net business loss	44	00	00	00	44	00
	carryforward		.00	.00		11	
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members		.00	.00		12	
13	Sharable net business loss carryforward amount being shared with other members	13	.00	.00	.00	13	.00.
14	Sharable net business loss carryforward amount being shared with this member					14	.00.
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss						
	carry-forwards	15	.00	.00		15	
16	Pre-2009 sharable net business loss carry-forward being shared with other						
	members	16		.00.		16	
17	Pre-2009 sharable net business loss carry-forward being shared with this						
	member	17	.00	.00	.00.	17	
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on	40	00	22	22	40	20
	Part III, line 7	18	.00	.00		18	

Designated Agent Name	Federal Employer ID Number	
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Part V: Nonrefundable Credits

Part V. Nomerumable Credits					
Corporation Name	e:				Camphinad
FEIN:					Combined <u>Totals</u>
1 Enter the member's gross tax from Part III, line 9	.00.	.00		1	.00
2 Amount of nonrefundable credit member is electing to use. Note: The total credits from lines 2a through 2g should not exceed the gross tax on line 1. See					
Instructions 2	a00	.00	.00		
2	d d				
2	c				
2	d				
2	e				
2	f				
2	g				
Add lines 2a through 2g 2	h	.00.		2h	.00
3 Subtract line 2h from line 1 3				3	.00
4 If the total available credits from Schedule CF and the credit schedules is greater than line 1, 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	.00	.00	.00	4	.00
•	.00			* –	
5 Add lines 2h and 4. This is the amount to enter on Part III, line 10 5	.00.			5	.00

Designated Agent Name		Federal Employer ID Numb	er					
Part VI: Additional Member Inforr	mation							
Complete the information below for each member of the combined group.	Corporation Name:							
	Street Address/PO Box:							
	City, State:							
	NAICS:							
1 Member's state and year of incorporation	1	——————————————————————————————————————	 1					
2 Corporation's tax period included in this re	eturn: Beginning 2	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}	$_{\overline{M}}$ $_{\overline{M}}$ $_{\overline{D}}$ $_{\overline{D}}$ $_{\overline{Y}}$ $_{\overline{Y}}$ $_{\overline{Y}}$ $_{\overline{Y}}$ $_{\overline{Y}}$	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}				
	Ending	$\overline{M} \ \overline{M} \ \overline{D} \ \overline{D} \ \overline{Y} \ \overline{Y} \ \overline{Y} \ \overline{Y}$	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}				
3 Member's taxable year end	3	<u>M</u> <u>M</u> <u>D</u> <u>D</u>	<u></u> <u></u> <u></u> 3	-M -M -D -D				
4 If you have an extension of time to file, en	ter extended due date . 4		M M D D Y Y Y Y					
5 If IRS adjustments became final during the	e vear, enter the vears	MMDDYYYY	MMDDYYY	MMDDYYYY				

Designated Agent Name		Federal Employ	er ID Number					
	Corporation Name:				Elimination Adjustments		Combined <u>Totals</u>	
6	Enter total gross receipts from all activities 6	.00	.00	.00	.00.	6	.00.	
7	Total Wisconsin sales, receipts, or premiums included in apportionment ratio	.00	.00	.00	.00	7	.00.	
8	Total sales, receipts, or premiums included in apportionment ratio	.00	.00	.00	.00	8	.00.	
9	Total Wisconsin payroll 9	.00	.00	.00	.00.	9	.00	
10	Total payroll	.00	.00	.00_	.00.	10	.00	
11	Total Wisconsin tangible property	.00	.00	.00	.00	11	.00	
12	Total tangible property 12		.00	.00	.00.	12	.00	
13	Enter total assets from federal Form 1120	00	00	00	00	13	0	

signated Agent Name	Federal Employer ID Number	

	Corporation Name:									
	FEIN:									
14	Was the member excluded from a combined group in another state?	14	Yes	No	14	Yes	No	14	Yes	No
15	Did the member file a separate Wisconsin return or was included in another group?	15	Yes	No	15	Yes	No	15	Yes	No
16	Was the member an insurance company?	16	Yes	No	16	Yes	No	16	Yes	No
17	Was the member a tax exempt corporation?	17	Yes	No	17	Yes	No	17	Yes	No
18	Did the member file a final return?	18	Yes	No	18	Yes	No	18	Yes	No
19	Did the member join the group during the year?	19	Yes	No	19	Yes	No	19	Yes	No
20	Did the member leave the group during the year?	20	Yes	No	20	Yes	No	20	Yes	No
21	Was this a short period return because of a change in accounting method?	21	Yes	No	21	Yes	No	21	Yes	No
22	Was this a short period return because of a stock purchase or sale?	22	Yes	No	22	Yes	No	22	Yes	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	Yes	No	23	Yes	No	23	Yes	No
24	Was the income from the disregarded entities in question 23 included in this return?	24	Yes	No	24	Yes	No	24	Yes	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	Yes	No	25	Yes	No	25	Yes	No
26	Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	26	Yes	No	26	Yes	No	26	Yes	No
27	Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement, or federal Form 114 - Report of Foreign Bank and Financial Accounts? If yes, see instructions	27	Yes	No	27	Yes	No	27	Yes	No