



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

Complete form using **BLACK INK**.

Due Date: 15th day of 3rd month following close of taxable year.

|   |         |                                 |   |   |         |
|---|---------|---------------------------------|---|---|---------|
| Designated Agent Name   |         |                                 |   |   |         |
| Number and Street   |         |                                 | Suite Number  |   |         |
| City  | State   | ZIP (+ 4 digit suffix if known) | A Federal Employer ID Number  |   |         |
| For 2016 or taxable year beginning  |         | and ending                      |   |   |         |
| M M D D Y Y Y Y   |         | M M D D Y Y Y Y                 |   |   |         |
| <b>D Check <input type="checkbox"/> if applicable and attach explanation:</b><br>1 <input type="checkbox"/> Amended return<br>2 <input type="checkbox"/> First return - new corporation or entering Wisconsin<br>3 <input type="checkbox"/> Final return - corporation dissolved or withdrew<br>4 <input type="checkbox"/> Short period - change in accounting period<br>5 <input type="checkbox"/> Short period - stock purchase or sale<br>6 <input type="checkbox"/> The controlled group election is being made for the first time. |         |                                 | <b>B Business in Wisconsin</b><br><input type="checkbox"/> Check if no business in Wisconsin<br><br><b>C State of Incorporation and Year</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; height: 40px; vertical-align: top;">                     Enter abbreviation of state in box, or if a foreign country, enter below.                 </td> <td style="width:20%; text-align:center;">                     Y Y Y Y                 </td> </tr> </table> | Enter abbreviation of state in box, or if a foreign country, enter below. | Y Y Y Y |
| Enter abbreviation of state in box, or if a foreign country, enter below.   | Y Y Y Y |                                 |   |   |         |

|   |           |             |     |
|---|-----------|-------------|-----|
| 1 Combined Unitary Income. Form 6, Part II, line 8 combined total . . . . .   | <b>1</b>  |             | .00 |
| 2 Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total. Check if 100% apportionment . . . . .                       | <b>2</b>  | . . . . . % |     |
| 3 Multiply line 1 by line 2 . . . . .   | <b>3</b>  |             | .00 |
| 4 Wisconsin net nonapportionable and separately apportioned income. Part III, line 4 . . . . .  | <b>4</b>  |             | .00 |
| 5 Add lines 3 and 4 . . . . .   | <b>5</b>  |             | .00 |
| 6 Net capital loss adjustment. Form 6, Part III, line 5 combined total . . . . .  | <b>6</b>  |             | .00 |
| 7 Subtract line 6 from line 5 . . . . .   | <b>7</b>  |             | .00 |
| 8 Loss adjustment for insurance companies. See instructions. . . . .  | <b>8</b>  |             | .00 |
| 9 Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards. . . . .   | <b>9</b>  |             | .00 |
| 10 Wisconsin net business loss carryforward. Form 6, Part III, line 7 combined total . . . . .  | <b>10</b> |             | .00 |
| 11 Subtract line 10 from line 9. This is Wisconsin net income or loss . . . . .   | <b>11</b> |             | .00 |
| 12 Sum of gross tax from all members Form 6, Part III, line 9 combined total . . . . .  | <b>12</b> |             | .00 |
| 13 Nonrefundable credits. Form 6, Part III, line 10 combined total. . . . .   | <b>13</b> |             | .00 |
| 14 Subtract line 13 from line 12. If line 13 is more than line 12, enter zero (0). This is the net tax. . . . .                             | <b>14</b> |             | .00 |
| 15 Economic development surcharge. Form 6, Part III, line 11c combined total . . . . .  | <b>15</b> |             | .00 |
| 16 Endangered resources donation . . . . .  | <b>16</b> |             | .00 |
| 17 Veterans trust fund donation . . . . .   | <b>17</b> |             | .00 |
| 18 Add lines 14 through 17 . . . . .  | <b>18</b> |             | .00 |
| 19 Estimated tax payments less refund from Form 4466W . . . . .   | <b>19</b> |             | .00 |
| 20 Wisconsin Tax Withheld. See instructions . . . . .   | <b>20</b> |             | .00 |
| 21 Refundable credits. Form 6, Part III, line 13 combined total . . . . .   | <b>21</b> |             | .00 |
| 22 Amended return only - amount previously paid . . . . .   | <b>22</b> |             | .00 |
| 23 Add lines 19 through 22 . . . . .  | <b>23</b> |             | .00 |
| 24 Amended return only - amount previously refunded . . . . .   | <b>24</b> |             | .00 |
| 25 Subtract line 24 from line 23 . . . . .  | <b>25</b> |             | .00 |
| 26 Interest, penalty, and late fee due. Check the box if annualized on Form U. . . . . <input type="checkbox"/>                             | <b>26</b> |             | .00 |
| 27 <b>Tax due.</b> If the total of lines 18 and 26 is larger than 25, subtract line 25 from the total of lines 18 and 26 . . . . .          | <b>27</b> |             | .00 |
| 28 <b>Overpayment.</b> If line 25 is larger than the total of lines 18 and 26, subtract the total of lines 18 and 26 from line 25 . . . . . | <b>28</b> |             | .00 |
| 29 Enter amount from line 28 you want credited to 2017 estimated tax. . . . .   | <b>29</b> |             | .00 |
| 30 Subtract line 29 from line 28. <b>This is your refund</b> . . . . .  | <b>30</b> |             | .00 |

# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                            |
|----------------------------|
| Designated Agent Name      |
| Federal Employer ID Number |



## Reconciliation With Federal Consolidated Return:

1 From the federal consolidated return(s), list the parent corporation(s) name, federal employer identification number (FEIN), and the amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 2.

| Parent Company Name  | FEIN        | Form 1120, Line 28 |
|--|-------------|--------------------|
| a _____  | ___ - _____ | .00                |
| b _____  | ___ - _____ | .00                |
| c _____  | ___ - _____ | .00                |
| d Total from the sum of all Forms 1120, line 28 listed in number one above . . . . . |             | 1d _____ .00       |

2 List companies whose federal returns are not listed on line 1 that are in the Wisconsin combined group.

| Company Name   | FEIN        | Form 1120, Line 28 |
|--|-------------|--------------------|
| a _____  | ___ - _____ | .00                |
| b _____  | ___ - _____ | .00                |
| c _____  | ___ - _____ | .00                |
| d Total from the sum of all Forms 1120, line 28 listed in number two above . . . . . |             | 2d _____ .00       |

3 Add lines 1d and 2d. . . . . 3 \_\_\_\_\_ .00

4 List companies who are included in the federal consolidated return from line 1, but are not Wisconsin combined group members.

| Company Name   | FEIN        | Form 1120, Line 28 |
|--|-------------|--------------------|
| a _____  | ___ - _____ | .00                |
| b _____  | ___ - _____ | .00                |
| c _____  | ___ - _____ | .00                |
| d Total from the sum of all Forms 1120, line 28 listed in line 4 above . . . . . |             | 4d _____ .00       |

5 Subtract line 4d from line 3 . . . . . 5 \_\_\_\_\_ .00

6 Enter the number of companies included in this combined return . . . . . 6 \_\_\_\_\_

7 Enter the federal net income of corporations in the commonly controlled group that are not in the federal consolidated return or this combined return. Submit a schedule identifying each corporation . . . . . 7 \_\_\_\_\_ .00

8 Enter total gross sales corresponding to amount on line 7 . . . . . 8 \_\_\_\_\_ .00

9 City and state where books and records are located for audit purposes: City: \_\_\_\_\_ State: \_\_\_\_\_

10 List the locations of Wisconsin operations: \_\_\_\_\_

11 Person to contact concerning this return:  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**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 | Title                                 | Date |
| Preparer's Signature | Preparer's Federal Employer ID Number | Date |

**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

2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



**Part I: Modified Federal Taxable Income**

|           |   | Corporation Name: _____    |     |     | Elimination | Combined  |     |
|-----------|---|----------------------------|-----|-----|-------------|-----------|-----|
|           |   | FEIN:      -      -      - |     |     | Adjustments | Totals    |     |
| <b>1</b>  | Net receipts or sales                       | <b>1</b>                   | .00 | .00 | .00         | <b>1</b>  | .00 |
| <b>a</b>  | Intercompany sales                          | <b>1a</b>                  | .00 | .00 | .00         | <b>1a</b> | .00 |
| <b>2</b>  | Cost of goods sold                          | <b>2</b>                   | .00 | .00 | .00         | <b>2</b>  | .00 |
| <b>3</b>  | Gross profit. Subtract line 2 from line 1   | <b>3</b>                   | .00 | .00 | .00         | <b>3</b>  | .00 |
| <b>4</b>  | Dividends                                   | <b>4</b>                   | .00 | .00 | .00         | <b>4</b>  | .00 |
| <b>5</b>  | Interest                                    | <b>5</b>                   | .00 | .00 | .00         | <b>5</b>  | .00 |
| <b>6</b>  | Gross rents                                 | <b>6</b>                   | .00 | .00 | .00         | <b>6</b>  | .00 |
| <b>7</b>  | Gross royalties                             | <b>7</b>                   | .00 | .00 | .00         | <b>7</b>  | .00 |
| <b>8</b>  | Capital gain net income                     | <b>8</b>                   | .00 | .00 | .00         | <b>8</b>  | .00 |
| <b>9</b>  | Net gain or loss from U.S. Form 4797        | <b>9</b>                   | .00 | .00 | .00         | <b>9</b>  | .00 |
| <b>10</b> | Other income                                | <b>10</b>                  | .00 | .00 | .00         | <b>10</b> | .00 |
| <b>11</b> | <b>Total income. Add lines 3 through 10</b> | <b>11</b>                  | .00 | .00 | .00         | <b>11</b> | .00 |
| <b>12</b> | Compensation of officers                    | <b>12</b>                  | .00 | .00 | .00         | <b>12</b> | .00 |
| <b>13</b> | Salaries and wages less employment credit   | <b>13</b>                  | .00 | .00 | .00         | <b>13</b> | .00 |
| <b>14</b> | Repairs and maintenance                     | <b>14</b>                  | .00 | .00 | .00         | <b>14</b> | .00 |
| <b>15</b> | Bad debts                                   | <b>15</b>                  | .00 | .00 | .00         | <b>15</b> | .00 |
| <b>16</b> | Rents                                       | <b>16</b>                  | .00 | .00 | .00         | <b>16</b> | .00 |
| <b>17</b> | Taxes and licenses                          | <b>17</b>                  | .00 | .00 | .00         | <b>17</b> | .00 |
| <b>18</b> | Interest                                    | <b>18</b>                  | .00 | .00 | .00         | <b>18</b> | .00 |
| <b>19</b> | Charitable contributions                    | <b>19</b>                  | .00 | .00 | .00         | <b>19</b> | .00 |
| <b>20</b> | Depreciation                                | <b>20</b>                  | .00 | .00 | .00         | <b>20</b> | .00 |
| <b>21</b> | Depletion                                   | <b>21</b>                  | .00 | .00 | .00         | <b>21</b> | .00 |
| <b>22</b> | Advertising                                 | <b>22</b>                  | .00 | .00 | .00         | <b>22</b> | .00 |

# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



Corporation Name: \_\_\_\_\_  
 FEIN:                    -                    -                    -

|           |  |     |     | <u>Elimination<br/>Adjustments</u> | <u>Combined<br/>Totals</u> |
|-----------|--|-----|-----|------------------------------------|----------------------------|
| <b>23</b> | Pension plan, etc . . . . . <b>23</b>  | .00 | .00 | .00                                | <b>23</b> .00              |
| <b>24</b> | Employee benefit programs . . . . . <b>24</b>  | .00 | .00 | .00                                | <b>24</b> .00              |
| <b>25</b> | Domestic production activities deduction . . . <b>25</b>   | .00 | .00 | .00                                | <b>25</b> .00              |
| <b>26</b> | Other deductions . . . . . <b>26</b>   | .00 | .00 | .00                                | <b>26</b> .00              |
| <b>27</b> | <b>Total deductions. Add lines 12 through 26</b> <b>27</b>   | .00 | .00 | .00                                | <b>27</b> .00              |
| <b>28</b> | <b>Taxable income or loss.</b> Subtract line 27<br>from line 11 . . . . . <b>28</b>  | .00 | .00 | .00                                | <b>28</b> .00              |
| <b>29</b> | Net capital gains included on line 28<br>(enter as a negative in member columns) . . <b>29</b>   | .00 | .00 | .00                                | <b>29</b> .00              |
| <b>30</b> | Recomputed net capital gain, applying capital<br>loss limitation at combined group level . . . . <b>30</b>   | .00 | .00 | .00                                | <b>30</b> .00              |
| <b>31</b> | Sum of charitable contributions deduction,<br>net section 1231 losses, and losses from<br>involuntary conversions included on line 28<br>(enter as a positive in member columns) . . . <b>31</b>                                       | .00 | .00 | .00                                | <b>31</b> .00              |
| <b>32</b> | Sum of recomputed charitable contributions<br>deduction, net section 1231 losses, and<br>losses from involuntary conversions,<br>applying limitations at combined group level<br>(enter as a negative in member columns) . . <b>32</b> | .00 | .00 | .00                                | <b>32</b> .00              |
| <b>33</b> | Adjustment to defer or recognize intercompany<br>income, expense, gain, or loss between group<br>members . . . . . <b>33</b>   | .00 | .00 | .00                                | <b>33</b> .00              |
| <b>34</b> | Other adjustments based on federal law<br>(explain on an attached statement) . . . . . <b>34</b>   | .00 | .00 | .00                                | <b>34</b> .00              |
| <b>35</b> | Combine lines 28 through 34. Enter on<br>Form 6, Part II, line 1, on the next page . . . . <b>35</b>   | .00 | .00 | .00                                | <b>35</b> .00              |















# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



## Part V: Nonrefundable Credits

Corporation Name: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Combined  
Totals

|   |           |     |     |     |  |           |     |
|---|-----------|-----|-----|-----|--|-----------|-----|
| <p><b>1</b> Enter the member's gross tax from Part III, line 9 . . . . .</p>  | <b>1</b>  | .00 | .00 | .00 |  | <b>1</b>  | .00 |
| <p><b>2</b> Amount of nonrefundable credit member is electing to use. <b>Note:</b> The total credits from lines 2a through 2g should not exceed the gross tax on line 1. See Instructions . . . . .</p>   | <b>2a</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2b</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2c</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2d</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2e</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2f</b> | .00 | .00 | .00 |  |           |     |
|   | <b>2g</b> | .00 | .00 | .00 |  |           |     |
| <p>Add lines 2a through 2g . . . . .</p>  | <b>2h</b> | .00 | .00 | .00 |  | <b>2h</b> | .00 |
| <p><b>3</b> Subtract line 2h from line 1 . . . . .</p>  | <b>3</b>  | .00 | .00 | .00 |  | <b>3</b>  | .00 |
| <p><b>4</b> 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 . . . . .</p> | <b>4</b>  | .00 | .00 | .00 |  | <b>4</b>  | .00 |
| <p><b>5</b> Add lines 2h and 4. This is the amount to enter on Part III, line 10 . . . . .</p>  | <b>5</b>  | .00 | .00 | .00 |  | <b>5</b>  | .00 |

# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



## Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

\_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

FEIN: \_\_\_\_\_

NAICS: \_\_\_\_\_

|  |          |      |   |   |   |   |          |      |   |   |   |   |          |          |   |   |   |   |   |   |   |   |   |   |   |  |
|--|----------|------|---|---|---|---|----------|------|---|---|---|---|----------|----------|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>1</b> Member's state and year of incorporation . . . . .                                  | <b>1</b> | ____ | Y | Y | Y | Y | <b>1</b> | ____ | Y | Y | Y | Y | <b>1</b> | ____     | Y | Y | Y | Y |   |   |   |   |   |   |   |  |
| <b>2</b> Corporation's tax period included in this return: Beginning                         | <b>2</b> | M    | M | D | D | Y | Y        | Y    | Y | M | M | D | D        | Y        | Y | Y | Y | M | M | D | D | Y | Y | Y | Y |  |
| Ending   |          | M    | M | D | D | Y | Y        | Y    | Y | M | M | D | D        | Y        | Y | Y | Y | M | M | D | D | Y | Y | Y | Y |  |
| <b>3</b> Member's taxable year end . . . . .   | <b>3</b> |      |   | M | M | D | D        |      |   | M | M | D | D        |          |   | M | M | D | D |   |   | M | M | D | D |  |
| <b>4</b> If you have an extension of time to file, enter extended due date .                 | <b>4</b> | M    | M | D | D | Y | Y        | Y    | Y | M | M | D | D        | Y        | Y | Y | Y | M | M | D | D | Y | Y | Y | Y |  |
| <b>5</b> If IRS adjustments became final during the year, enter the years adjusted . . . . . | <b>5</b> |      |   |   |   |   |          |      |   |   |   |   |          | <b>5</b> |   |   |   |   |   |   |   |   |   |   |   |  |

# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



|   |                 |       |       | <u>Elimination<br/>Adjustments</u> | <u>Combined<br/>Totals</u> |
|---|-----------------|-------|-------|------------------------------------|----------------------------|
| Corporation Name: _____   | _____           | _____ | _____ |                                    |                            |
| FEIN: _____   | _____           | _____ | _____ |                                    |                            |
| <b>6</b> Enter total gross receipts from all activities . . . . .                               | <b>6</b> _____  | _____ | _____ | _____                              | <b>6</b> _____             |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>7</b> Total Wisconsin sales, receipts, or premiums included in apportionment ratio . . . . . | <b>7</b> _____  | _____ | _____ | _____                              | <b>7</b> _____             |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>8</b> Total sales, receipts, or premiums included in apportionment ratio . . . . .           | <b>8</b> _____  | _____ | _____ | _____                              | <b>8</b> _____             |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>9</b> Total Wisconsin payroll . . . . .  | <b>9</b> _____  | _____ | _____ | _____                              | <b>9</b> _____             |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>10</b> Total payroll. . . . .  | <b>10</b> _____ | _____ | _____ | _____                              | <b>10</b> _____            |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>11</b> Total Wisconsin tangible property. . . . .  | <b>11</b> _____ | _____ | _____ | _____                              | <b>11</b> _____            |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>12</b> Total tangible property. . . . .  | <b>12</b> _____ | _____ | _____ | _____                              | <b>12</b> _____            |
|   |                 | .00   | .00   | .00                                | .00                        |
| <b>13</b> Enter total assets from federal Form 1120. . . . .                                    | <b>13</b> _____ | _____ | _____ | _____                              | <b>13</b> _____            |
|   |                 | .00   | .00   | .00                                | .00                        |

# 2016 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

|                       |                            |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|



Corporation Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

- |  |           |                              |                             |           |  |
|--|-----------|------------------------------|-----------------------------|-----------|--|
|  | -----     |                              | -----                       |           | -----  |
| <b>14</b> Was the member excluded from a combined group in another state? .....  | <b>14</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>14</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>15</b> Did the member file a separate Wisconsin return or was included in another group? .....  | <b>15</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>15</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>16</b> Was the member an insurance company? .....   | <b>16</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>16</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>17</b> Was the member a tax exempt corporation? .....   | <b>17</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>17</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>18</b> Did the member file a final return? .....  | <b>18</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>18</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>19</b> Did the member join the group during the year? .....   | <b>19</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>19</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>20</b> Did the member leave the group during the year? .....  | <b>20</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>20</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>21</b> Was this a short period return because of a change in accounting method? .....   | <b>21</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>21</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>22</b> Was this a short period return because of a stock purchase or sale?  | <b>22</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>22</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>23</b> Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.....   | <b>23</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>23</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>24</b> Was the income from the disregarded entities in question 23 included in this return? .....   | <b>24</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>24</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax? .....   | <b>25</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>25</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return .....  | <b>26</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>26</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> 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. .... | <b>27</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>27</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |