



For 2007 or taxable year beginning and ending

Complete form using BLACK INK.

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

DO NOT STAPLE OR BIND

Corporation Name, Number and Street, City, State, ZIP (+ 4 digit suffix if known), A Federal Employer ID Number, B Business Activity (NAICS) Code, C State of Incorporation and Year, D Check if applicable and attach explanation: 1 First return - new corporation or entering Wisconsin, 2 Final return - corporation dissolved or withdrew, 3 Short period - change in accounting period, 4 Short period - stock purchase or sale

Check if applicable and see instructions:

- E If this is an amended return, attach an explanation of the changes.
F If you have an extension of time to file, enter the extended due date
G If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return and annual statement.
H If you filed a federal consolidated return, enter Parent Company's federal employer ID number

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Table with 26 rows and 2 columns. Row 1: Federal taxable income from federal return .00. Row 2: Additions (from Schedule 1, line 6) .00. Row 3: Add lines 1 and 2 .00. Row 4: Subtractions (from Schedule 2, line 3) .00. Row 5: Subtract line 4 from line 3. If the insurer writes life and nonlife premiums, check here and fill in lines 6 through 9. Otherwise, enter the amount from line 5 on line 9 .00. Row 6: Net gain from operations, other than life insurance .00. Row 7: Total net gain from operations .00. Row 8: Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point) %. Row 9: Multiply line 5 by line 8. This is the total income other than life insurance income .00. Row 10: Wisconsin apportionment percentage from Schedule 3, line 11 (carry to 4 places to the right of the decimal point) %. Row 11: Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset .00. Row 12: Wisconsin net business loss carryforward (attach schedule) .00. Row 13: Subtract line 12 from line 11. This is Wisconsin apportionable net income .00. Row 14: Gross tax (see instructions). If subject to 2% maximum tax, check here .00. Row 15: Multiply the amount on Schedule 2, line 2, by 7.9% (0.079) and enter the result .00. Row 16: Add lines 14 and 15. This is the total tax .00. Row 17: Nonrefundable credits (from Schedule C1, line 23) .00. Row 18: Subtract line 17 from line 16. If line 17 is more than line 16, enter zero (0). This is net tax .00. Row 19: Recycling surcharge (see instructions) .00. Row 20: Endangered resources donation (decreases refund or increases amount owed) .00. Row 21: Veterans trust fund donation (decreases refund or increases amount owed) .00. Row 22: Add lines 18 through 21 .00. Row 23: Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions .00. Row 24: Wisconsin tax withheld .00. Row 25: Refundable credits (from Schedule C2, line 5) .00. Row 26: Add lines 23 through 25 .00.

27 Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check box <input type="checkbox"/>	27	.00
28 Tax due. If the total of lines 22 and 27 is larger than line 26, enter amount owed	28	.00
29 Overpayment. If line 26 is larger than the total of lines 22 and 27, enter amount overpaid	29	.00
30 Enter amount of line 29 you want credited on 2008 estimated tax	30	.00
31 Subtract line 30 from line 29. This is your refund	31	.00
32 Enter total company gross receipts from all activities (see instructions)	32	.00

Schedule C1 - Nonrefundable Credits (See instructions, page 7)

1 Manufacturer's sales tax credit carryforward (Sch. MS, line 5)	1	.00
2 Dairy and livestock farm investment credit (Sch. DI, line 9)	2	.00
3 Research expense credit (Sch. R, line 30)	3	.00
4 Research expense credit for activities related to internal combustion engines (Sch. R-1, line 29)	4	.00
5 Research expense credit for activities related to certain energy efficient products (Sch. R-2, line 29)	5	.00
6 Development zones research credit carryforward	6	.00
7 Research facilities credit (Sch. R, line 34)	7	.00
8 Research facilities credit for activities related to internal combustion engines (Sch. R-1, line 33)	8	.00
9 Research facilities credit for activities related to certain energy efficient products (Sch. R-2, line 33)	9	.00
10 Community development finance credit	10	.00
11 Development zones jobs credit carryforward	11	.00
12 Development zones sales tax credit carryforward	12	.00
13 Development zones investment credit (Sch. DC, line 15)	13	.00
14 Development zones location credit carryforward	14	.00
15 Development zone capital investment credit (Sch. DC, line 23)	15	.00
16 Development zones day care credit carryforward	16	.00
17 Development zones environmental remediation credit carryforward	17	.00
18 Development zones credit (Sch. DC, line 7)	18	.00
19 Technology zone credit (Sch. TC, line 8)	19	.00
20 Early stage seed investment credit (Sch. VC, line 12)	20	.00
21 Supplement to federal historic rehabilitation tax credit (Sch. HR, line 7)	21	.00
22 Internet equipment credit (Sch. IE, line 3)	22	.00
23 Add lines 1 through 22 (enter on page 1, line 17)	23	.00

Schedule C2 - Refundable Credits (See instructions, page 8)

1 Farmland preservation credit (Sch. FC, line 18)	1	.00
2 Farmland tax relief credit (Sch. FT, line 6)	2	.00
3 Enterprise zone jobs credit (Sch. EC, line 16)	3	.00
4 Dairy manufacturing facility investment credit (Sch. DM, line 6)	4	.00
5 Add lines 1 through 4 (enter on page 1, line 25)	5	.00



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, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes of these entities in this return? Yes No
- 4 Do you own, directly or indirectly, 50% or more of the outstanding voting stock of any corporations? Yes No If yes, attach a list of the names and federal EINs of these corporations. Have the incomes of these affiliated corporations been included in this return? Yes No
- 5 Do any corporations, individuals, partnerships, trusts, or associations own 50% or more of your outstanding voting stock? Yes No If yes, attach a list of the names and federal EINs of these organizations. Have the incomes of these organizations been included in this return? Yes No
- 6 Has your corporation been involved in any reorganization during the period covered by this return? Yes No If yes, attach a detailed explanation.
- 7 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 owe Wisconsin use tax. See General Instructions, page 2, for how to report use tax.
- 8 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? Yes No If yes, see General Instructions, page 2, and indicate years adjusted: _____

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

Attach a copy of your federal return, related schedules, and annual statement.

Make your check payable to and mail your return to: Wisconsin Department of Revenue
PO Box 8908
Madison, WI 53708-8908



Schedule 1 – Additions to Federal Taxable Income

1	Loss carryforward deducted in the calculation of federal taxable income	1	_____	.00
2	Dividend income received to the extent used as a deduction in determining federal taxable income	2	_____	.00
3	Additions from Schedule V, line 20	3	_____	.00
4	Additional deduction for insurers required to discount unpaid losses	4	_____	.00
5	Health Insurance Risk-Sharing Plan (HIRSP) assessment credit computed	5	_____	.00
6	Total (enter on Form 41, page 1, line 2)	6	_____	.00

Schedule 2 – Subtractions From Federal Taxable Income

1	Subtractions from Schedule W, line 13	1	_____	.00
2	Income realized from the purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in Wisconsin	2	_____	.00
3	Total (enter on Form 41, page 1, line 4)	3	_____	.00

Schedule 3 – Wisconsin Apportionment Percentage

Premiums Factor

		(a) Wisconsin	(b) Total Company
1	Direct premiums written for insurance on property and risks, other than life insurance	1	_____
2	Assumed premiums from domestic insurance companies written for reinsurance on property and risks, other than life insurance	2	_____
3	Add lines 1 and 2. This is the total premiums	3	_____
4	Divide line 3, column a, by line 3, column b, and multiply by 100 (carry to 4 decimal places)	4	_____ %
5	Premiums factor weight	5	0.8
6	Multiply line 4 by line 5. This is the Wisconsin premiums factor	6	_____ %

Payroll Factor

		(a) Wisconsin	(b) Total Company
7	Wages, salaries, and other compensation paid to employees	7	_____
8	Divide line 7, column a, by line 7, column b, and multiply by 100 (carry to 4 decimal places)	8	_____ %
9	Payroll factor weight	9	0.2
10	Multiply line 8 by line 9. This is the Wisconsin payroll factor	10	_____ %
11	Add lines 6 and 10. This is the Wisconsin apportionment percentage (enter on Form 41, page 1, line 10)	11	_____ %