

Form **4** Wisconsin Corporation
Franchise or Income Tax Return

2007

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			A Federal Employer ID Number	
Number and Street			B Business Activity (NAICS) Code	
City	State	ZIP (+ 4 digit suffix if known)	C State of Incorporation and Year	
D Check <input checked="" type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Short period - change in accounting period 2 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - stock purchase or sale			<input type="checkbox"/> Enter abbreviation of state in box, or if a foreign country, enter below. _____	

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.

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

1 Federal taxable income from Form 1120, line 28	1	.00
2 Additions (from Schedule V, line 20, or Form 4C, line 12, column 3)	2	.00
3 Add lines 1 and 2	3	.00
4 Subtractions (from Schedule W, line 13, or Form 4C, line 15, column 3)	4	.00
5 Subtract line 4 from line 3. This is net income (loss) before apportionment and net business loss offset	5	.00
6 Total company net nonapportionable income (loss) (from Form 4B, line 5, column b)	6	.00
7 Subtract line 6 from line 5. This is apportionable income (loss)	7	.00
8 Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point). If the apportionment percentage is from Form 4B-1, check box <input type="checkbox"/>	8	_____ %
9 Multiply line 7 by line 8	9	.00
10 Wisconsin net nonapportionable income (loss) (from Form 4B, line 5, column a)	10	.00
11 Combine lines 9 and 10. This is Wisconsin net income (loss) before net business loss offset	11	.00
12 Wisconsin net business loss carryforward (from Form 4BL, line 30) but not more than line 11	12	.00
13 Subtract line 12 from line 11. This is Wisconsin net income (loss)	13	.00
14 Enter 7.9% (0.079) of Wisconsin net income on line 13. This is gross tax	14	.00
15 Nonrefundable credits (from Schedule C1, line 23)	15	.00
16 Subtract line 15 from line 14. If line 15 is more than line 14, enter zero (0). This is net tax	16	.00
17 Recycling surcharge (see instructions)	17	.00
18 Endangered resources donation (decreases refund or increases amount owed)	18	.00
19 Veterans trust fund donation (decreases refund or increases amount owed)	19	.00
20 Add lines 16 through 19	20	.00
21 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	21	.00
22 Wisconsin tax withheld	22	.00
23 Refundable credits (from Schedule C2, line 5)	23	.00
24 Add lines 21 through 23	24	.00

PAPER CLIP check or money order here

25	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"/>	25	_____	.00
26	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	26	_____	.00
27	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid	27	_____	.00
28	Enter amount of line 27 you want credited on 2008 estimated tax	28	_____	.00
29	Subtract line 28 from line 27. This is your refund	29	_____	.00
30	Enter total company gross receipts from all activities (see instructions)	30	_____	.00
31	Enter total company assets from federal Form 1120	31	_____	.00
32	a Property _____ % b Wisconsin property (from Form 4B, line 16) (from Form 4B, line 17) c Total company property (from Form 4B, line 16)	32b 32c	_____ _____	.00 .00
33	a Payroll _____ % b Wisconsin payroll (from Form 4B, line 22) (from Form 4B, line 23) c Total company payroll (from Form 4B, line 22)	33b 33c	_____ _____	.00 .00
34	a Sales _____ % b Wisconsin sales (from Form 4B, line 35) (from Form 4B, line 36) c Total company sales (from Form 4B, line 35)	34b 34c	_____ _____	.00 .00

Schedule C1 - Nonrefundable Credits (See instructions, page 12)

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 15)	23	_____	.00



Schedule C2 - Refundable Credits (See instructions, page 14)

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 23)	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: _____

3a If you are the sole owner of any limited liability companies, enter the names and federal EINs of your solely owned LLCs below. Attach a schedule if necessary.

Name of LLC	FEIN

3b Did you include the income of the LLCs listed on line 3a in this return? Yes No

4 If you had transactions with related parties, as defined in sec. 267 of the Internal Revenue Code, enter the total amount of such transactions on lines 4a through 4f below. Attach a schedule identifying the related parties involved in these transactions.

4a Sales to related parties	\$
4b Purchases from related parties	\$
4c Management fees paid to related parties	\$
4d Interest expense paid to related parties	\$
4e Royalties paid to related parties	\$
4f Interest income received from related parties	\$

5 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 instructions, page 6, for how to report use tax.

6 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 5, and indicate years adjusted: _____

7 Enter the number of Wisconsin business locations at the end of the year: _____

8 List the locations of your Wisconsin operations: _____

9 Are any manufacturing facilities located in Wisconsin? Yes No

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, even if no Wisconsin activity.

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

