

Due Date: April 15, 2008

Tax-Option (S) Corporation Name	Federal Employer ID Number								
	Corporation Year Ending <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20px; text-align: center;">M</td> <td style="border: none; width: 20px; text-align: center;">M</td> <td style="border: none; width: 20px; text-align: center;">D</td> <td style="border: none; width: 20px; text-align: center;">D</td> <td style="border: none; width: 20px; text-align: center;">Y</td> </tr> </table>		M	M	D	D	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
Number and Street	Check here <input type="checkbox"/> if this is an amended return								
City	State	ZIP Code							
Person to Contact Regarding This Return	Telephone Number	Fax Number							

Instructions:

Complete this form on behalf of the qualifying and participating nonresident shareholders of a tax-option (S) corporation that does business in Wisconsin. All requirements stated in the instructions to this form must be met in order to file a composite individual income tax return.

Schedule 1 Tax Computation

1 Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D	1		•
2 Tax from Schedule 2, column G	2		•
3 Alternative minimum tax from Schedule 2, column H	3		•
4 Add lines 2 and 3. This is the total tax	4		•
5 Wisconsin income tax withheld from Schedule 2, column I. Attach Form PW-1 if applicable (see instructions)	5		•
6 If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6		•
7 If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment	7		•
8 Amount of line 7 to be applied to 2008 withholding tax > 8	8		•
9 Amount of line 7 to be refunded to corporation	9		•

SIGNATURES	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.		
	Signature of Authorized Officer	Title	Date
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date

Attach a copy of any application for an extension of time to file the return.

Don't attach a copy of federal Form 1120S, Wisconsin Form 5S, the federal Schedules K-1, or the Wisconsin Schedules 5K-1.

IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to: Wisconsin Department of Revenue P.O. Box 8991 Madison, WI 53708-8991
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Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) Pro Rata Share (%)	(D) Shareholder's Share of Wis. Tax-Option Corporation Income (Loss)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax	(H) Alternative Minimum Tax	(I) Wisconsin Income Tax Withheld	(J) Balance Due (Overpay- ment)
a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
TOTALS (enter on appropriate line on Schedule 1)									