



For 2008 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 and annual statement.
- H If you filed a federal consolidated return, enter Parent Company's federal employer ID number _____
- I If you have related entity expenses and are required to file Schedule RT with this return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 <u>NOT LIKE THIS</u> → (1000)	NO COMMAS; NO CENTS
1 Federal taxable income from federal return	1 _____ .00
2 Additions (from page 3, Schedule 1, line 5)	2 _____ .00
3 Add lines 1 and 2	3 _____ .00
4 Subtractions (from page 3, Schedule 2, line 3)	4 _____ .00
5 Subtract line 4 from line 3. If the insurer writes life and nonlife premiums, check here <input type="checkbox"/> and fill in lines 6 through 9. Otherwise, enter the amount from line 5 on line 9	5 _____ .00
6 Net gain from operations, other than life insurance. 6 _____ .00	
7 Total net gain from operations. 7 _____ .00	
8 Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point)	8 _____ %
9 Multiply line 5 by line 8. This is the total income other than life insurance income	9 _____ .00
10 Wisconsin apportionment percentage from page 3, Schedule 3, line 4 (carry to 4 places to the right of the decimal point).	10 _____ %
11 Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset	11 _____ .00
12 Wisconsin net business loss carryforward (attach schedule).	12 _____ .00
13 Subtract line 12 from line 11. This is Wisconsin apportionable net income	13 _____ .00
14 Gross tax (see instructions). If subject to 2% maximum tax, check here <input type="checkbox"/>	14 _____ .00
15 Multiply the amount on Schedule 2, line 2, by 7.9% (0.079) and enter the result	15 _____ .00
16 Add lines 14 and 15. This is the total tax	16 _____ .00
17 Nonrefundable credits (from Schedule CR, line 33).	17 _____ .00
18 Subtract line 17 from line 16. If line 17 is more than line 16, enter zero (0). This is net tax.	18 _____ .00
19 Recycling surcharge (see instructions)	19 _____ .00
20 Endangered resources donation (decreases refund or increases amount owed)	20 _____ .00
21 Veterans trust fund donation (decreases refund or increases amount owed)	21 _____ .00
22 Add lines 18 through 21	22 _____ .00
23 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions. 23 _____ .00	
24 Wisconsin tax withheld 24 _____ .00	
25 Refundable credits (from Schedule CR, line 37) 25 _____ .00	
26 Add lines 23 through 25	26 _____ .00

27 Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check the space after the arrow.	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 2009 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
33 If the corporation paid, accrued, or incurred more than \$100,000 of expenses to a related entity, the corporation must file Schedule RT with this return. Under Wisconsin law, certain related entity expenses may not be allowable unless disclosed on Schedule RT on a timely filed return. See instructions for details. On line 33, enter total related entity expenses disclosed on Schedule RT	33	.00
34a Total Wisconsin payroll (see instructions).	34a	.00
34b Total company payroll (see instructions)	34b	.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 instructions 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 instructions 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

You must file a copy of your federal return, related schedules, and annual statement with your Form 41.

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 12.	3	_____	.00
4	Additional deduction for insurers required to discount unpaid losses.	4	_____	.00
5	Total (enter on Form 4I, page 1, line 2)	5	_____	.00

Schedule 2 – Subtractions From Federal Taxable Income

1	Subtractions from Schedule W, line 16	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 4I, page 1, line 4)	3	_____	.00

Schedule 3 – Wisconsin Apportionment Percentage

		(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 (<i>carry to 4 decimal places</i>). This is the Wisconsin apportionment percentage.	4	_____ %