

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

2008

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		<input type="text"/> Enter abbreviation of state in box, or if a foreign country, enter below.
D Check <input 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					

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



PAPER CLIP check or money order here

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 <u>NOT</u> LIKE THIS → (1000)	NO COMMAS; NO CENTS
1 Federal taxable income from Form 1120, line 28	1 .00
2 Additions (from Schedule V, line 12, or Form 4C, line 12, column 3)	2 .00
3 Add lines 1 and 2	3 .00
4 Subtractions (from Schedule W, line 16, 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 11, or Form 4B-1). Fill all spaces to the right of decimal point. For example, enter 50% as 50.0000%. If line 8 is from Form 4B-1, check the space after the arrow. ▶ <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 CR, line 33)	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 CR, line 37) **23** _____ **.00**
- 24** Add lines 21 through 23 **24** _____ **.00**
- 25** 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 **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 2009 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**
- 32a** Total Wisconsin property (see instructions) **32a** _____ **.00**
- 32b** Total company property (see instructions) **32b** _____ **.00**
- 33a** Total Wisconsin payroll (see instructions) **33a** _____ **.00**
- 33b** Total company payroll (see instructions) **33b** _____ **.00**
- 34a** Total Wisconsin sales from Form 4B, line 10, column a **34a** _____ **.00**
- 34b** Total company sales from Form 4B, line 10, column b **34b** _____ **.00**
- 35** 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 35, enter total related entity expenses disclosed on Schedule RT **35** _____ **.00**

36a If the corporation is the sole owner of any limited liability companies (LLCs), enter the names and FEINs of those LLCs below. Submit an additional schedule if necessary:

Name of LLC	FEIN

- 36b** Did you include the income of the LLCs listed on line 36a on this return? Yes No
- 37** Person to contact concerning this return: _____ Phone #: _____ Fax #: _____
- 38** City and state where books and records are located for audit purposes: _____
- 39** 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.
- 40** 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: _____
- 41** List the locations of your Wisconsin operations: _____
- 42** 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

You must file a copy of your federal return with Form 4, 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

