

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

2009

For 2009 or taxable year beginning                                         and ending                                        

**Complete form using BLACK INK. Due Date:** 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.  
Exempt Organization Name \_\_\_\_\_

DO NOT STAPLE OR BIND

Number and Street			Suite Number									
City	State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number									
<b>D Check <input type="checkbox"/> if applicable and attach explanation:</b> 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew		<b>B Business Activity (NAICS) Code</b> 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale	<b>C State of Organization and Year</b> Enter abbreviation of state in box, or if a foreign country, enter below. <table style="float: right; border: 1px solid black; padding: 2px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>C</td><td>C</td><td>Y</td><td>Y</td> </tr> </table>						C	C	Y	Y
C	C	Y	Y									

**Check  if applicable and see instructions:**

E  If you have an extension of time to file, enter the extended due date                                        

F  If you have related entity expenses and are required to file Schedule RT with this return.



**G Check  type of organization:** 1  Corporation 2  Trust - due 4th month 3  Trust - due 5th month

**H Name of Trustee if Taxable as Trust** \_\_\_\_\_

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

PAPER CLIP check or money order here

**Organizations Taxable as Corporations** (Trusts do not fill in lines 1 through 10)

1 Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	1	.00
2 Total net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 8) . . . . .	2	.00
3 Subtract line 2 from line 1. This is apportionable unrelated business taxable income . . . . .	3	.00
4 Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form 4A-2, check (✓) the space after the arrow . . . . .	4	. . . . . %
5 Multiply line 3 by line 4 . . . . .	5	.00
6 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 9) . . . . .	6	.00
7 Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss) . . . . .	7	.00
8 Enter 7.9% (0.079) of amount on line 7. This is gross tax . . . . .	8	.00
9 Nonrefundable credits (from Schedule CR, line 40) . . . . .	9	.00
10 Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax . . . . .	10	.00

**Organizations Taxable as Trusts** (Corporations do not fill in lines 11 through 20)

11 Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	11	.00
12 Additions (from Schedule T1, line 10 on page 3) . . . . .	12	.00
13 Add lines 11 and 12 . . . . .	13	.00
14 Subtractions (from Schedule T2, line 8 on page 3) . . . . .	14	.00
15 Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income . . . . .	15	.00
16 Tax from tax table on amount on line 15. This is gross tax . . . . .	16	.00
17 Nonrefundable credits (from Schedule CR, line 3 plus line 15) . . . . .	17	.00
18 Net income tax paid to other states . . . . .	18	.00
19 Add lines 17 and 18 . . . . .	19	.00
20 Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax . . . . .	20	.00

<b>21</b> Tax from line 10 or 20 . . . . .	<b>21</b> _____	<b>.00</b>
<b>22</b> Recycling surcharge (see instructions) . . . . .	<b>22</b> _____	<b>.00</b>
<b>23</b> Endangered resources donation (decreases refund or increases amount owed) . . . . .	<b>23</b> _____	<b>.00</b>
<b>24</b> Veterans trust fund donation (decreases refund or increases amount owed) . . . . .	<b>24</b> _____	<b>.00</b>
<b>25</b> Add lines 21 through 24 . . . . .	<b>25</b> _____	<b>.00</b>
<b>26</b> Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions . . . . .	<b>26</b> _____	<b>.00</b>
<b>27</b> Wisconsin tax withheld . . . . .	<b>27</b> _____	<b>.00</b>
<b>28</b> Refundable credits (from Schedule CR, line 22 or line 44) . . . . .	<b>28</b> _____	<b>.00</b>
<b>29</b> Add lines 26 through 28 . . . . .	<b>29</b> _____	<b>.00</b>
<b>30</b> 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 . . . . .	<b>30</b> _____	<b>.00</b>
<b>31</b> <b>Tax due.</b> If the total of lines 25 and 30 is larger than line 29, enter amount owed . . . . .	<b>31</b> _____	<b>.00</b>
<b>32</b> <b>Overpayment.</b> If line 29 is larger than the total of lines 25 and 30, enter amount overpaid . . . . .	<b>32</b> _____	<b>.00</b>
<b>33</b> Enter amount of line 32 you want credited on 2010 estimated tax . . . . .	<b>33</b> _____	<b>.00</b>
<b>34</b> Subtract line 33 from line 32. <b>This is your refund</b> . . . . .	<b>34</b> _____	<b>.00</b>
<b>35</b> Enter total gross receipts from all unrelated trade or business activities . . . . .	<b>35</b> _____	<b>.00</b>

**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 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 may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 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: \_\_\_\_\_
- 6 List the locations of your Wisconsin operations: \_\_\_\_\_

*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 or Trustee ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number ▶	Date

**You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.**

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



**Schedule T1 – Trust Additions** *(See instructions)*

1	Interest income (less related expenses) from state and municipal obligations . . . . .	1	_____
2	State and local franchise or income taxes . . . . .	2	_____
3	Capital gain/loss adjustment . . . . .	3	_____
4	Federal net operating loss carryover . . . . .	4	_____
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	5	_____
6	Domestic production activities deduction . . . . .	6	_____
7	Transitional adjustments . . . . .	7	_____
8	Credits computed (see instructions for list of applicable credits) . . . . .	8	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 12) . . . . .	10	=====

**Schedule T2 – Trust Subtractions** *(See instructions)*

1	Interest income (less related expenses) from United States government obligations . . . . .	1	_____
2	Capital gain/loss adjustment . . . . .	2	_____
3	Wisconsin net operating loss carryforward . . . . .	3	_____
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	4	_____
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	5	_____
6	Transitional adjustments . . . . .	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 14) . . . . .	8	=====