

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name _____

Federal Employer ID Number _____

Part I Apportionment Factor Denominators

(a) Company Name <small>(abbreviate as necessary)</small>	(b) FEIN	(c) Denominator <small>(From column b of Form 4A-1 or Part II of Form 4A-2)</small>
1 _____	_____	1a _____
2 _____	_____	2a _____
3 _____	_____	3a _____
4 _____	_____	4a _____
5 _____	_____	5a _____
6 _____	_____	6a _____
7 Total denominators from additional companies reported on separate schedules.		7a _____
8 Add lines 1a through 7a in column c. This is the combined group's apportionment factor denominator		8a _____

Part II Apportionment Factor Numerators and Members' Percentages

(a) Company Number <small>(Corresponds to numbers 1 through 6 in Part I)</small>	(b) Numerator <small>(From column a of Form 4A-1 or Part II of Form 4A-2)</small>	(c) Member's Wisconsin Percentage of Combined Unitary Income <small>(Divide amount in column b by amount on Part I, line 8a)</small>
1	1b _____	1c _____ . _____ %
2	2b _____	2c _____ . _____ %
3	3b _____	3c _____ . _____ %
4	4b _____	4c _____ . _____ %
5	5b _____	5c _____ . _____ %
6	6b _____	6c _____ . _____ %
7 Total from additional companies reported on separate schedules		7c _____ . _____ %

Part III Combined Group's Wisconsin Apportionment Percentage

8 Add lines 1c through 7c in Part II, column c.
This is the apportionment percentage to enter on Form 4, line 8. **8c** _____ . _____ %