

Form **1CNS** **Composite Wisconsin Individual Income Tax Return** **2009**
for Nonresident Tax-Option (S) Corporation Shareholders

Due Date: April 15, 2010 Check (✓) if this is an AMENDED return Corporation Year Ending

DO NOT STAPLE OR BIND

Complete form using BLACK INK.

Tax-Option (S) Corporation Name		Federal Employer ID Number	
Number and Street			Suite Number
City		State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding This Return		Telephone Number	Fax Number

_____ ← Number of shareholders included in this return.

Caution: Only qualifying shareholders may be included in this return. See instructions for details.



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

Schedule 1 Tax Computation

1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1	1	.00
2	Tax from Schedule 2, column G	2	.00
3	Alternative minimum tax from Schedule 2, column H	3	.00
4	Add lines 2 and 3. This is the total tax	4	.00
5	Wisconsin tax withheld (from Schedule 2, column I)	5	.00
6	If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6	.00
7	If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment . This is the amount to be refunded to corporation	7	.00

Include a copy of any application for an extension of time to file. *Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.*

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

IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to: Wisconsin Department of Revenue PO 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 (%)	(D1) Shareholder's Share of WI Net Income (Loss) (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 19)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax	(H) Alternative Minimum Tax	(I) Tax Withheld from Form PW-1	(J) Balance Due (Overpay- ment)
a.			D1						
			D2						
b.			D1						
			D2						
c.			D1						
			D2						
d.			D1						
			D2						
e.			D1						
			D2						
f.			D1						
			D2						
g.			D1						
			D2						
h.			D1						
			D2						
i.			D1						
			D2						
j.			D1						
			D2						
k.			D1						
			D2						
TOTALS (enter on appropriate line on Schedule 1)			D1 total only						