

Designated Agent of Combined Group			A Designated Agent's FEIN	
Name of Combined Group Member to Which This Form Applies			B Member's FEIN	
Number and Street			C Business Activity (NAICS) Code	
City	State	ZIP (+ 4 digit suffix if known)	D State of Incorporation and Year	
E Member's Taxable Year End M M D D		F Period Included in This Return M M D D Y Y Y Y - M M D D Y Y Y Y		<div style="border: 1px solid black; padding: 2px;">                 Enter abbreviation of state in box, or if a foreign country, enter below.             </div> C C Y Y

G Was this member excluded from a combined group in another state because it was not considered engaged in a unitary business?  Yes  No  
If yes, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

**Part I Member's Share of Form 4 Items**

L1 Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.) . . . . .	<b>L1</b>	_____ .00
L2 100% Wisconsin groups: Adjustment for current year loss offset (see instructions). . . . .	<b>L2</b>	_____ .00
M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	<b>M</b>	_____ .00
N Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e). . . . .	<b>N</b>	_____ .00
O Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24). . . . .	<b>O</b>	_____ .00
P Line 12: Wisconsin net business loss carryforward (from Part II, line 7 on page 2 of this form) . . . . .	<b>P</b>	_____ .00
Q Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.) . . . . .	<b>Q</b>	_____ .00
R Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form) . . . . .	<b>R</b>	_____ .00
S Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.) . . . . .	<b>S</b>	_____ .00
T Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2 . . .	<b>T</b>	[ ]
U Line 22: Wisconsin tax withheld (see instructions). . . . .	<b>U</b>	_____ .00
V Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	<b>V</b>	_____ .00
W Line 30: Total company gross receipts from all activities (see instructions). . . . .	<b>W</b>	_____ .00
X Line 31: Total company assets from federal Form 1120 . . . . .	<b>X</b>	_____ .00
Y Lines 32a and 33a: Wisconsin tangible property Y1 _____ .00 Wisconsin payroll	<b>Y2</b>	_____ .00
Z Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I) . . . . .	<b>Z</b>	_____ .00

Name of Combined Group Member	Member's FEIN
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**Part II Wisconsin Net Business Loss Carryforward**

1 Member's portion of combined unitary income from Part I, line L1 plus line L2 . . . . .	1	.00
2 Member's net nonapportionable and separately apportioned income from Part I, line M . . . . .	2	.00
3 Add lines 1 and 2 . . . . .	3	.00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount) . . . . .	4	.00
5 Subtract line 4 from line 3 . . . . .	5	.00
6 Member's net business loss carryforward from Form 4BL, line 30 (see instructions) . . . . .	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero. This is the amount to enter on Part I, line P. . . . .	7	.00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	
<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	
<input type="text"/>	.00	<input type="text"/>	.00	<input type="text"/>	.00	1 .00

2 Enter the member's gross tax from Part I, line Q . . . . . 2 .00

3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member . . . . . 3 .00

4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS. . . . . 4 .00

5 Add lines 3 and 4. This is the amount to enter on Part I, line R . . . . . 5 .00



**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied to this combined return . . . . . 1 .00

2 For estimated payments made by the member on a separate entity basis to be applied to this combined return, enter the date and amount of each payment in the spaces provided and enter the total on line 2.

__/__/__ \$ _____ __/__/__ \$ _____	__/__/__ \$ _____ __/__/__ \$ _____	Total . . . . . 2 .00
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3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21 . . . . . 3 .00

4 Person to contact regarding the payments reported in Part IV:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_