

Wisconsin Combined Group Member-Level Data

File with Wisconsin Form 4

2009

Designated Agent of Combined Group, Name of Combined Group Member to Which This Form Applies, Number and Street, City, State, ZIP (+ 4 digit suffix if known), D State of Incorporation and Year, E Member's Taxable Year End, F Period Included in This Return, 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

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 3 Joined group during year 5 Short period - change in accounting method
2 Final return - corporation dissolved or withdrew 4 Left group during year 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

Table with columns for item label (L1, L2, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) and amount. Includes instructions for each line item.

|                               |               |
|-------------------------------|---------------|
| Name of Combined Group Member | Member's FEIN |
|-------------------------------|---------------|

**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.

|  |  |                       |
|--|--|-----------------------|
| __/__/__ \$ _____<br>__/__/__ \$ _____ | __/__/__ \$ _____<br>__/__/__ \$ _____ | Total . . . . . 2 .00 |
|--|--|-----------------------|

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: \_\_\_\_\_