

Wisconsin Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Corporation Name _____

Federal Employer ID Number _____

Part I Additions Specific to Insurance Companies

- 1** Loss carryforward deducted in the calculation of federal taxable income. **1** _____
- 2** Dividend income received to the extent not included in the amount on Form 4, line 1 **2** _____
- 3** Additional federal deduction for insurers required to discount unpaid losses. **3** _____
- 4** Add lines 1 through 3. Enter this amount on Schedule V, line 11 **4** _____

Part II Nontaxable Income from Life Insurance Operations

- 5** Insurance company's federal taxable income as reported or included on Form 4, line 1 **5** _____
- 6** Insurance company's total addition modifications from Schedule V, line 13 **6** _____
- 7** Add lines 5 and 6 **7** _____
- 8** Insurance company's total subtraction modifications from Schedule W through line 13 **8** _____
- 9** Subtract line 8 from line 7. **9** _____
- 10a** Enter net gain from operations other than life insurance **10a** _____
- 10b** Enter total net gain from operations **10b** _____
- 11** Divide line 10a by line 10b and enter result as a percentage (see instructions). **11** _____ . _____ %
- 12** Multiply line 9 by line 11 **12** _____
- 13** Subtract line 12 from line 9. Enter this amount on Schedule W, line 14 **13** _____

Part III Net Business Loss Adjustment for Insurance Companies

- 14** Enter net income or loss from Form 4, line 9. *Combined group members:* Enter amount from the insurance company's Form 4M, line L1, net of any amount on line L2 of that same form **14** _____
- 15** Enter the net income or loss from Form 4, line 10. *Combined group members:* Enter amount from the insurance company's Form 4M, line M. **15** _____
- 16** Add lines 14 and 15 **16** _____
- 17** *Combined group members:* Enter net capital loss adjustment from Form 4M, line N (enter as a positive amount). **17** _____

18	Subtract line 17 from line 16. If the amount on line 18 is positive, there is no net business loss adjustment. If this amount is negative, complete lines 19 to 24	18	_____
19	Enter the total dividends received deduction from Schedule Y, computed as explained in the instructions. Enter as a negative number	19	_____
20	Enter the apportionment percentage from Form 4, line 8. <i>Combined group members:</i> Enter the Wisconsin percentage from Form 4A, Part II, column c, or if a member of a 100% Wisconsin group, enter "100.0000%."	20	_____ %
21	Multiply line 19 by line 20	21	_____
22	<i>Combined group members:</i> Enter the dividends received deduction attributable to dividends reported on Form 4N, computed as explained in the instructions. Enter as a negative number	22	_____
23	Add lines 21 and 22	23	_____
24	If the absolute value of the amount on line 23 exceeds the absolute value of the amount on line 18, enter the amount from line 18 as a positive number. If the absolute value of the amount on line 18 exceeds the absolute value of the amount on line 23, enter the amount from line 23 as a positive number. Enter or include this amount on Form 4, line 11d	24	_____

Part IV Tax Adjustment for Insurance Companies

25	Insurance company's Wisconsin net income from Form 4, line 13. <i>Combined group members:</i> Use the amounts on Form 4M to compute the insurance company's share of the combined Wisconsin net income. See instructions.	25	_____
26	Multiply line 25 by 7.9%	26	_____
27a	Insurance company's gross premiums as defined in s. 76.62, Wis. Stats.	27a	_____
27b	Multiply line 27a by 2%.	27b	_____
28a	Wisconsin income realized from lottery prizes as reported on Form 4N, line 5	28a	_____
28b	Multiply line 28a by 7.9%	28b	_____
29	Add lines 27b and 28b	29	_____
30	If line 29 is greater than line 26, enter \$0 on line 30. If line 29 is less than line 26, subtract line 29 from line 26 and enter the result on line 30. This is the tax adjustment to enter or include on Form 4, line 14b	30	_____

In addition to the copy of the federal return filed with the Form 4, you must file a copy of any related schedule and a copy of your annual statement.