

Wisconsin Department
of Revenue

File with Wisconsin Form 4

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			Suite Number	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		F Period Included in This Return		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Enter abbreviation of state in box, or if a foreign country, enter below. </div>	C C Y Y
M M D D		M M D D C C Y Y			M M D D C C Y Y

G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, 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

K1 Check (✓) if applicable:

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> First return - new corporation or entering Wisconsin | 3 <input type="checkbox"/> Joined group during year | 5 <input type="checkbox"/> Short period - change in accounting method |
| 2 <input type="checkbox"/> Final return - corporation dissolved or withdrew | 4 <input type="checkbox"/> Left group during year | 6 <input type="checkbox"/> Short period - stock purchase or sale |

K2 Did you file federal Schedule UTP – Uncertain Tax Position statement with the Internal Revenue Service?
 Yes No If yes, enclose federal Schedule UTP with your Wisconsin tax return.

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.)	L1	.00
L2 100% Wisconsin groups: Adjustment for current year loss offset (see instructions).	L2	.00
M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	.00
N Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	.00
O Line 14: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	.00
P Line 17: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	.00
Q Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	.00
R Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	.00
S Line 24: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	.00
T Line 28: 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.	T	_____
U Line 29: Wisconsin tax withheld (see instructions).	U	.00
V Line 30: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	.00
W Line 43: Total company gross receipts from all activities (see instructions).	W	.00
X Line 44: Total company assets from federal Form 1120	X	.00
Y Lines 45 and 47: Wisconsin tangible property Y1 _____ .00 Wisconsin payroll Y2 _____ .00	Y1	.00
Z Line 50: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I).	Z	.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, Part II, line 30, column (g) (Nonshareable)	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero	7	.00
8 Subtract line 7 from line 5	8	.00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (h) (Shareable)	9	.00
10 Enter the lesser of line 8 or line 9, but not less than zero	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward	11	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income	12	.00
13 Shareable net business loss carryforward amount being shared with other members	13	.00
14 Shareable net business loss carryforward amount being shared with this member	14	.00
15 Member's net business loss. Add lines 7, 10, and 14. Enter this amount on Part I, line P	15	.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.

.00	.00	.00	
.00	.00	.00	
.00	.00	.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 **1** .00

2 *Estimated payments* - Enter date and amount of each payment made on a separate entity basis

___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____
___/___/___ \$ _____	___/___/___ \$ _____	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 28 **3** .00