

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

2008

For 2008 or taxable year beginning                                         and ending                                        

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

DO NOT STAPLE OR BIND

Exempt Organization Name			A Federal Employer ID Number		
Number and Street			B Business Activity (NAICS) Code		
City	State	ZIP (+ 4 digit suffix if known)	C State of Organization and Year		
D Check <input type="checkbox"/> if applicable and attach explanation:			<input type="checkbox"/> Enter abbreviation of state in box, or if a foreign country, enter below.		
1 <input type="checkbox"/> First return - new organization or entering Wisconsin      3 <input type="checkbox"/> Short period - change in accounting period 2 <input type="checkbox"/> Final return - organization dissolved or withdrew      4 <input type="checkbox"/> Short period - stock purchase or sale					
E <input type="checkbox"/> If this is an amended return, attach an explanation of the changes.					
F <input type="checkbox"/> If you have an extension of time to file, enter the extended due date <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>					
G <input type="checkbox"/> If you have related entity expenses and are required to file Schedule RT with this return.					
H Check <input type="checkbox"/> type of organization:				I Name of Trustee if Taxable as Trust	
1 <input type="checkbox"/> Corporation    2 <input type="checkbox"/> Trust - due 4th month    3 <input type="checkbox"/> Trust - due 5th month					



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




**Organizations Taxable as Corporations** (Trusts do not fill in lines 1 through 10)

<b>1</b>	Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	<b>1</b>	.00
<b>2</b>	Total net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. b)	<b>2</b>	.00
<b>3</b>	Subtract line 2 from line 1. This is apportionable unrelated business taxable income . . . . .	<b>3</b>	.00
<b>4</b>	Wisconsin apportionment percentage (from Form 4B, line 11, or Form 4B-1). If apportionment does not apply, enter as "100.0000%" <i>Fill all spaces to the right of decimal point.</i> If percentage is from Form 4B-1, check the space after the arrow . . . . . <span style="float: right;">▶ <input type="checkbox"/></span>	<b>4</b>	. . . . . %
<b>5</b>	Multiply line 3 by line 4. . . . .	<b>5</b>	.00
<b>6</b>	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. a) . . . . .	<b>6</b>	.00
<b>7</b>	Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss) . . . . .	<b>7</b>	.00
<b>8</b>	Enter 7.9% (0.079) of amount on line 7. This is gross tax . . . . .	<b>8</b>	.00
<b>9</b>	Nonrefundable credits (from Schedule CR, line 33) . . . . .	<b>9</b>	.00
<b>10</b>	Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax . . . . .	<b>10</b>	.00

PAPER CLIP check or money order here

**Organizations Taxable as Trusts** (Corporations do not fill in lines 11 through 20)




<b>11</b>	Unrelated business taxable income (from federal Form 990-T, line 34 or federal Form 4720) . . . . .	<b>11</b>	.00
<b>12</b>	Additions (from Schedule T1, line 10 on page 3) . . . . .	<b>12</b>	.00
<b>13</b>	Add lines 11 and 12 . . . . .	<b>13</b>	.00
<b>14</b>	Subtractions (from Schedule T2, line 8 on page 3) . . . . .	<b>14</b>	.00
<b>15</b>	Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income . . . . .	<b>15</b>	.00
<b>16</b>	Tax from tax table on amount on line 15. This is gross tax . . . . .	<b>16</b>	.00
<b>17</b>	Nonrefundable credits (from Schedule CR, line 33) . . . . .	<b>17</b>	.00
<b>18</b>	Net income tax paid to other states . . . . .	<b>18</b>	.00
<b>19</b>	Add lines 17 and 18 . . . . .	<b>19</b>	.00
<b>20</b>	Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax . . . . .	<b>20</b>	.00
<b>21</b>	Tax from line 10 or 20 . . . . .	<b>21</b>	.00

<b>22</b> Recycling surcharge (see instructions) . . . . .	<b>22</b>	<b>.00</b>
<b>23</b> Endangered resources donation (decreases refund or increases amount owed) . . . . . 	<b>23</b>	<b>.00</b>
<b>24</b> Veterans trust fund donation (decreases refund or increases amount owed) . . . . . 	<b>24</b>	<b>.00</b>
<b>25</b> Add lines 21 through 24 . . . . .	<b>25</b>	<b>.00</b>
<b>26</b> Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions . . . . .	<b>26</b>	<b>.00</b>
<b>27</b> Wisconsin tax withheld . . . . .	<b>27</b>	<b>.00</b>
<b>28</b> Refundable credits (from Schedule C2, line 5) . . . . .	<b>28</b>	<b>.00</b>
<b>29</b> Add lines 26 through 28 . . . . .	<b>29</b>	<b>.00</b>
<b>30</b> Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check the space after the arrow . . . . . 	<b>30</b>	<b>.00</b>
<b>31 Tax due.</b> If the total of lines 25 and 30 is larger than line 29, enter amount owed . . . . .	<b>31</b>	<b>.00</b>
<b>32 Overpayment.</b> If line 29 is larger than the total of lines 25 and 30, enter amount overpaid . . . . .	<b>32</b>	<b>.00</b>
<b>33</b> Enter amount of line 32 you want credited on 2009 estimated tax . . . . .	<b>33</b>	<b>.00</b>
<b>34</b> Subtract line 33 from line 32. <b>This is your refund</b> . . . . .	<b>34</b>	<b>.00</b>
<b>35</b> Enter total gross receipts from all unrelated trade or business activities . . . . .	<b>35</b>	<b>.00</b>
<b>36</b> If the corporation paid, accrued, or incurred more than \$100,000 of expenses to a related entity, the corporation must file Schedule RT with this return. <b>Under Wisconsin law, certain related entity expenses may not be allowable unless disclosed on Schedule RT on a timely filed return.</b> See instructions for details. On line 36, enter total related entity expenses disclosed on Schedule RT . . . . .	<b>36</b>	<b>.00</b>

**Additional Information Required**

- 1 Person to contact concerning this return: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- 2 City and state where books and records are located for audit purposes: \_\_\_\_\_
- 3 Are you the sole owner of any limited liability companies (LLCs)?  Yes  No If yes, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes of these entities in this return?  Yes  No
- 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax?  Yes  No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year?  Yes  No If yes, see instructions and indicate years adjusted: \_\_\_\_\_
- 6 List the locations of your Wisconsin operations: \_\_\_\_\_

*Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Signature of Officer or Trustee 	Title	Date
Preparer's Signature 	Preparer's Federal Employer ID Number 	Date

**You must file a copy of your federal Form 990-T or 4720.**

Make your check payable to and mail your return to: Wisconsin Department of Revenue  
PO Box 8908  
Madison WI 53708-8908



**Schedule T1 – Trust Additions** (See instructions)

1	Interest income (less related expenses) from state and municipal obligations . . . . .	1	_____
2	State and local franchise or income taxes . . . . .	2	_____
3	Capital gain/loss adjustment . . . . .	3	_____
4	Federal net operating loss carryover . . . . .	4	_____
5	Related entity interest expenses (from Sch. RT, line 1d or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	5	_____
6	Related entity rental expenses (from Sch. RT, line 2d or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	6	_____
7	Transitional adjustments . . . . .	7	_____
8	Credits computed (see instructions for list of applicable credits) . . . . .	8	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 12) . . . . .	10	=====

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**Schedule T2 – Trust Subtractions** (See instructions)

1	Interest income (less related expenses) from United States government obligations . . . . .	1	_____
2	Capital gain/loss adjustment . . . . .	2	_____
3	Wisconsin net operating loss carryforward . . . . .	3	_____
4	Deductible related entity interest expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	4	_____
5	Deductible related entity rental expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	5	_____
6	Transitional adjustments . . . . .	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 14) . . . . .	8	=====