Form **4466W**

WISCONSIN

Corporation or Pass-Through Entity Application for Quick Refund of Overpayment of Estimated Tax

Mail this application to:

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908

		M M D	D Y	Y Y Y						
N	ame					State of Incorporation/Organiza	ation	and Y	⁄ear	
								<u> </u>	Y Y Y	
N	umber and Street				Suite Number	Identifying Number				
Ci	ity		State	Zip (+ 4 di	 git suffix if known)	Seller's Permit or Use Tax Num	ber Wi	s. Employer I.E	D. Number	
N	IOTE: The amount refunded n the corporation's or pa	Leave Blank								
CI	heck when the tax return w	ill be filed.								
	Within two and one-half	months after the clo	se of th	ne taxable	e vear.					
	Within three and one-ha				-					
_	□ Within an approved thirt				,	Name				
<u>'</u>	Within thirty days after t			ite.						
_										
_		C	ОМРП	ΤΔΤΙΩΝ	OF OVERPA	ΔΥΜΕΝΤ				
1	Cationated was magnituded for the						4		(
ı	Estimated payments for tr	ie taxable year					').	
2 Overpayment from prior year allowed as a credit							2			
3	Total – Add lines 1 and 2		3		.(
4	9									
	from return to be filed				4 _	.00				
5 Less credits (exclude estimated tax credits). May not exceed line 4						.00.				
6 Expected liability – Subtract line 5 from line 4							6).	
7	Overpayment of estimate	d tax – Subtract line	6 from	line 3. If t	this amount is	at least 10% of line 6				
	and at least \$500, the corporation or pass-through entity is eligible for the quick refund; otherwise, do not file this form							7 00		
	do not life this form						′ _		.(
				DECL	ARATION					
,	the undersigned am author	ized on hehalf of the	corner			atity for which this applicat	ion is r	made to file	Form 11661	
ap	oplication under the provision	ons of Chapter 71 of	the Wi	sconsin S	tatutes.					
_	(Signature)			(Tit	ele)	_	(Da	nte)	
_	(Individual or Firm Signati	ure of Preparer)			(Add	ress)	_	(Da	ate)	
					,	•		(10	•	
	(Telephone N	0.)	_							