

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

For 2017 or taxable year beginning                                         and ending                                        

**2017**

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

DO NOT STAPLE OR BIND

Number and Street _____			Suite Number _____
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City _____	State _____	ZIP (+ 4 digit suffix if known) _____	A Federal Employer ID Number _____
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<b>D Check <input type="checkbox"/> if applicable and attach explanation:</b> 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew		<b>B Business Activity (NAICS) Code</b> _____	<b>C State of Organization and Year</b> Enter abbreviation of state in box, or if a foreign country, enter below. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>		Y	Y	Y	Y
	Y	Y	Y	Y				
4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale								

**Check  if applicable and see instructions:**  
**E**  If you have an extension of time to file, enter extended due date                                        

**F**  If you have related entity expenses and are required to file Schedule RT with this return.

**G**  If you changed your organization name.

**H**  Internal Revenue Service adjustments became final during the year.  
Enter years adjusted **▶** \_\_\_\_\_

<b>I Check <input type="checkbox"/> type of organization:</b> 1 <input type="checkbox"/> Corporation    2 <input type="checkbox"/> Trust - due 4th month    3 <input type="checkbox"/> Trust - due 5th month	<b>J Name of Trustee if Taxable as Trust</b> _____
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**ENTER NEGATIVE NUMBERS LIKE THIS → -1000    NOT LIKE THIS → (1000)    NO COMMAS; NO CENTS**

PAPER CLIP check or money order here

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

1 Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	1	.00
2 Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) . . . . .	2	.00
3 Subtract line 2 from line 1. This is apportionable unrelated business taxable income . . . . .	3	.00
4 Wisconsin apportionment percentage (from Form A-1 or Form A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form A-2, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>	4	. . . . . %
If 100% apportionment, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>		
5 Multiply line 3 by line 4 . . . . .	5	.00
6 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9) . . . . .	6	.00
7 Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss) . . . . .	7	.00
8 Enter 7.9% (0.079) of amount on line 7. This is gross tax . . . . .	8	.00
9 Nonrefundable credits (from Schedule CR) . . . . .	9	.00
10 Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax . . . . .	10	.00

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

11 Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	11	.00
12 Additions (from Schedule T1, line 10 on page 3) . . . . .	12	.00
13 Add lines 11 and 12 . . . . .	13	.00
14 Subtractions (from Schedule T2, line 8 on page 3) . . . . .	14	.00
15 Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income . . . . .	15	.00
16 Tax from tax table on amount on line 15. This is gross tax . . . . .	16	.00

<b>17</b> Nonrefundable credits (from Schedule CR) . . . . .	<b>17</b>	<u>                    </u>	<b>.00</b>
<b>18</b> Net income tax paid to other states . . . . .	<b>18</b>	<u>                    </u>	<b>.00</b>
<b>19</b> Add lines 17 and 18 . . . . .	<b>19</b>	<u>                    </u>	<b>.00</b>
<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>	<u>                    </u>	<b>.00</b>
<b>21</b> Tax from line 10 or 20 . . . . .	<b>21</b>	<u>                    </u>	<b>.00</b>
<b>22</b> Economic development surcharge (see instructions) . . . . .	<b>22</b>	<u>                    </u>	<b>.00</b>
<b>23</b> Endangered resources donation (decreases refund or increases amount owed) . . . . .	<b>23</b>	<u>                    </u>	<b>.00</b>
<b>24</b> Veterans trust fund donation (decreases refund or increases amount owed) . . . . .	<b>24</b>	<u>                    </u>	<b>.00</b>
<b>25</b> Add lines 21 through 24 . . . . .	<b>25</b>	<u>                    </u>	<b>.00</b>
<b>26</b> Estimated tax payments less refund from Form 4466W. . . . .	<b>26</b>	<u>                    </u>	<b>.00</b>
<b>27</b> Wisconsin tax withheld. . . . .	<b>27</b>	<u>                    </u>	<b>.00</b>
<b>28</b> Refundable credits (from Schedule CR) . . . . .	<b>28</b>	<u>                    </u>	<b>.00</b>
<b>29</b> Amended Return Only – amount previously paid . . . . .	<b>29</b>	<u>                    </u>	<b>.00</b>
<b>30</b> Add lines 26 through 29 . . . . .	<b>30</b>	<u>                    </u>	<b>.00</b>
<b>31</b> Amended Return Only – amount previously refunded . . . . .	<b>31</b>	<u>                    </u>	<b>.00</b>
<b>32</b> Subtract line 31 from 30 . . . . .	<b>32</b>	<u>                    </u>	<b>.00</b>
<b>33</b> Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). If you annualized income on Form U or Schedule U, check (✓) the space after the arrow. ▶ <input type="checkbox"/>	<b>33</b>	<u>                    </u>	<b>.00</b>
<b>34</b> <b>Amount due.</b> If the total of lines 25 and 33 is larger than line 32, subtract line 32 from the total of lines 25 and 33. . . . .	<b>34</b>	<u>                    </u>	<b>.00</b>
<b>35</b> <b>Overpayment.</b> If line 32 is larger than the total of lines 25 and 33, subtract the total of lines 25 and 33 from line 32 . . . . .	<b>35</b>	<u>                    </u>	<b>.00</b>
<b>36</b> Enter amount of line 35 you want credited on 2018 estimated tax . . . . .	<b>36</b>	<u>                    </u>	<b>.00</b>
<b>37</b> Subtract line 36 from line 35. <b>This is your refund</b> . . . . .	<b>37</b>	<u>                    </u>	<b>.00</b>
<b>38</b> Enter total gross receipts from all unrelated trade or business activities . . . . .	<b>38</b>	<u>                    </u>	<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, complete Schedule DE and include with this return. 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 List the locations of your Wisconsin operations: \_\_\_\_\_

**Third Party Designee** Do you want to allow another person to discuss this return with the department?  **Yes** Complete the following.  **No**

Print Designee's Name ▶ \_\_\_\_\_ Phone Number ▼ \_\_\_\_\_ Personal Identification Number (PIN) ▼ \_\_\_\_\_

*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, including attachments, with your Form 4T.**

If you are not filing your return electronically, 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 expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	5	_____
6	Domestic production activities deduction . . . . .	6	_____
7	Transitional adjustments . . . . .	7	_____
8	Credits computed (see instructions):		
8a	Business development credit . . . . .	8a	_____
8b	Community rehabilitation program credit . . . . .	8b	_____
8c	Development zones credits . . . . .	8c	_____
8d	Economic development tax credit . . . . .	8d	_____
8e	Electronics and information technology manufacturing zone credit . . . . .	8e	_____
8f	Enterprise zone jobs credit . . . . .	8f	_____
8g	Farmland preservation credit . . . . .	8g	_____
8h	Jobs tax credit . . . . .	8h	_____
8i	Manufacturing and agriculture credit . . . . .	8i	_____
8j	Manufacturing investment credit . . . . .	8j	_____
8k	Research expense credit . . . . .	8k	_____
8l	Technology zone credit . . . . .	8l	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 12) . . . . .	10	=====

**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 expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	4	_____
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	5	_____
6	Transitional adjustments . . . . .	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 14) . . . . .	8	=====