Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

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2017 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name	Federal Employer ID Number

Part I Additions Specific to Insurance Companies

		Corporation Name:			Elimination Adjustments		Combined Totals
		FEIN: __ __ – __ __ __ __ __ __ __	__ __ – __ __ __ __ __ __ __	__ __ – __ __ __ __ __ __ __			
1	Loss carryforward deducted in the calculation of federal taxable income	1	.00	.00	.00	.00	1 .00
2	Dividend income received to the extent not included in the amount on Form 6, Part I, line 4	2	.00	.00	.00	.00	2 .00
3	Additional federal deduction for insurers required to discount unpaid losses	3	.00	.00	.00	.00	3 .00
4	Add lines 1 through 3. Enter this amount on Form 6, Part II, line 2i	4	.00	.00	.00	.00	4 .00

Part II Nontaxable Income from Life Insurance Operations

5	Insurance company's federal taxable income as reported or included on Form 6, Part II, line 1	5	.00	.00	.00	.00	5 .00
6	Insurance company's total addition modifications from Form 6, Part II, line 2k	6	.00	.00	.00	.00	6 .00
7	Add lines 5 and 6	7	.00	.00	.00	.00	7 .00
8	Insurance company's total subtraction modifications from Form 6, Part II, lines 4a through 4l plus line 4m-e	8	.00	.00	.00	.00	8 .00
9	Subtract line 8 from line 7	9	.00	.00	.00	.00	9 .00
10a	Enter net gain from operations other than life insurance	10a	.00	.00	.00	.00	10a .00
10b	Enter total net gain from operations	10b	.00	.00	.00	.00	10b .00
11	Divide line 10a by line 10b and enter result as a percentage (see instructions)	11	__ __ __ . __ __ __ __ %	__ __ __ . __ __ __ __ %	__ __ __ . __ __ __ __ %	__ __ __ . __ __ __ __ %	11 __ __ __ . __ __ __ __ %
12	Multiply line 9 by line 11	12	.00	.00	.00	.00	12 .00
13	Subtract line 12 from line 9. Enter this amount on Form 6, Part II, line 4n	13	.00	.00	.00	.00	13 .00

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2017 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name	Federal Employer ID Number

Part III Net Business Loss Adjustment for Insurance Companies

Corporation Name: _____ _____ _____

FEIN: __ __ - _____ __ __ - _____ __ __ - _____

					Combined Totals
14	Enter amount from the insurance company's Form 6, Part III, line 2, net of any amount on line 3 of that same form	**14**	.00	.00	.00	**14** .00
15	Enter amount from the insurance company's Form 6, Part III, line 4	**15**	.00	.00	.00	**15** .00
16	Add lines 14 and 15	**16**	.00	.00	.00	**16** .00
17	Enter net capital loss adjustment from Form 6, Part III, line 5 (enter as a positive amount)	**17**	.00	.00	.00	**17** .00
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**	.00	.00	.00	**18** .00
19	Enter the total dividends received deduction from Schedule 6Y, computed as explained in the instructions. Enter as a negative number	**19**	.00	.00	.00	**19** .00
20	Enter the member's Wisconsin percentage from Form 6, Part III, line 1d, or if a member of a 100% Wisconsin group, enter "100.0000%."	**20**	___.____1 %	___.____ %	___.____ %	**20** ___.____ %
21	Multiply line 19 by line 20	**21**	.00	.00	.00	**21** .00
22	Enter the dividends received deduction attributable to dividends reported on Form N, computed as explained in the instructions. Enter as a negative number	**22**	.00	.00	.00	**22** .00
23	Add lines 21 and 22	**23**	.00	.00	.00	**23** .00
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 6, Part III, line 6	**24**	.00	.00	.00	**24** .00

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2017 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name	Federal Employer ID Number

Part IV Tax Computation for Insurance Companies

		Corporation Name:				Elimination Adjustments		Combined Totals	
		FEIN:	__ __ - _ _ _ _ _ _ _	__ __ - _ _ _ _ _ _ _	__ __ - _ _ _ _ _ _ _				
25	Use the amounts on Form 6, Part III to compute the insurance company's share of the combined Wisconsin net income. See instructions	**25**	.00	.00	.00	.00	**25**	.00	
26	Multiply line 25 by 7.9%	**26**	.00	.00	.00	.00	**26**	.00	
27a	Insurance company's gross premiums as defined in s. 76.62, Wis. Stats	**27a**	.00	.00	.00	.00	**27a**	.00	
27b	Multiply line 27a by 2%	**27b**	.00	.00	.00	.00	**27b**	.00	
28a	Wisconsin income realized from lottery prizes as reported on Form N, line 5 . . .	**28a**	.00	.00	.00	.00	**28a**	.00	
28b	Multiply line 28a by 7.9%	**28b**	.00	.00	.00	.00	**28b**	.00	
29	Add lines 27b and 28b	**29**	.00	.00	.00	.00	**29**	.00	
30	Enter the lesser of the amounts on line 26 or line 29. This is the amount to enter on Form 6, Part III, line 9	**30**	.00	.00	.00	.00	**30**	.00	

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