

2017 Form 6Y - Wisconsin Modification for Dividends

Designated Agent Name	Federal Employer ID Number
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Corporation Name: _____
 FEIN: - - - - - - - - -

Combined
Totals

Name of Payer Corporation



1a	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1a	.00	.00	.00	1a	.00
_____ Name of Payer Corporation								

1b	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1b	.00	.00	.00	1b	.00
_____ Name of Payer Corporation								

1c	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1c	.00	.00	.00	1c	.00
_____ Name of Payer Corporation								

1d	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1d	.00	.00	.00	1d	.00
_____ Name of Payer Corporation								

1e	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1e	.00	.00	.00	1e	.00
_____ Name of Payer Corporation								

1f	Date Acquired by Payee M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%						
			1f	.00	.00	.00	1f	.00

1g	Add lines 1a through 1f							
		1g	.00	.00	.00	1g	.00	.00
1h	Total of line 1g from additional Forms 6Y (see instructions)		1h	.00	.00	.00	1h	.00
2	Add lines 1g and 1h.		2	.00	.00	.00	2	.00
3	Enter foreign taxes paid on dividends included on line 2		3	.00	.00	.00	3	.00
4	Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a		4	.00	.00	.00	4	.00