

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

For 2018 or taxable year beginning                                         and ending                                        

**2018**

**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				
City	State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number				
<b>D Check <input type="checkbox"/> if applicable and attach explanation:</b> 1 <input type="checkbox"/> Amended return (Include Schedule AR) 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin      4 <input type="checkbox"/> Short period - change in accounting period 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew      5 <input type="checkbox"/> Short period - stock purchase or sale		<b>B Business Activity (NAICS) Code</b> _____ <b>C State of Organization and Year</b> _____ and _____ Enter abbreviation of state in box, or if a foreign country, enter below. <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>					
<b>Check <input type="checkbox"/> if applicable and see instructions:</b> E <input type="checkbox"/> If you have an extension of time to file, enter extended due date <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> F <input type="checkbox"/> If you have related entity expenses and are required to file Schedule RT with this return G <input type="checkbox"/> If you changed your organization name H <input type="checkbox"/> 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> _____					



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

PAPER CLIP check or money order here

<b>Organizations Taxable as Corporations</b> (Trusts do not fill in lines 1 through 13)			
1 Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	1		.00
2 Additions (from Part 1, Page 3) . . . . .	2		.00
3 Add lines 1 and 2 . . . . .	3		.00
4 Subtractions (from Part 2, Page 3) . . . . .	4		.00
5 Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) . . . . .	5		.00
6 Subtract lines 4 and 5 from line 3. This is apportionable unrelated business taxable income . . . . .	6		.00
7 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 . . . . .	7	_____ . _____ %	
If 100% apportionment, check (✓) the space after the arrow . . . . .		► <input type="checkbox"/>	
8 Multiply line 6 by line 7 . . . . .	8		.00
9 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9) . . . . .	9		.00
10 Combine lines 8 and 9. This is Wisconsin unrelated business taxable income (loss) . . . . .	10		.00
11 Enter 7.9% (0.079) of amount on line 10. This is gross tax . . . . .	11		.00
12 Nonrefundable credits (from Schedule CR) . . . . .	12		.00
13 Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero (0). This is net tax . . . . .	13		.00
<b>Organizations Taxable as Trusts</b> (Corporations do not fill in lines 14 through 23)			
14 Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	14		.00
15 Additions (from Part 1, Page 3) . . . . .	15		.00
16 Add lines 14 and 15 . . . . .	16		.00
17 Subtractions (from Part 2, Page 3) . . . . .	17		.00

Table with 3 columns: Line number, Description, and Amount. Rows include items like 'Subtract line 17 from line 16', 'Tax from tax table on amount on line 18', 'Nonrefundable credits', etc.

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)?
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?
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 No Complete the following. Phone Number Personal Identification Number (PIN) Print Designee's Name

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.

Table with 3 columns: 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



**Part 1 – Additions:**

<u>1</u>	Interest income (less related expenses) from state and municipal obligations . . . . .	<u>1</u>	<u>.00</u>
<u>2</u>	State and local franchise or income taxes . . . . .	<u>2</u>	<u>.00</u>
<u>3</u>	Capital gain/loss adjustment . . . . .	<u>3</u>	<u>.00</u>
<u>4</u>	Federal net operating loss carryover . . . . .	<u>4</u>	<u>.00</u>
<u>5</u>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<u>5</u>	<u>.00</u>
<u>6</u>	Reserved for future use . . . . .	<u>6</u>	<u>.00</u>
<u>7</u>	Transitional adjustments . . . . .	<u>7</u>	<u>.00</u>
<u>8</u>	Credit computed (see instructions):		
<u>a</u>	Business development credit . . . . .	<u>8a</u>	<u>.00</u>
<u>b</u>	Community rehabilitation program credit . . . . .	<u>8b</u>	<u>.00</u>
<u>c</u>	Development zones credits . . . . .	<u>8c</u>	<u>.00</u>
<u>d</u>	Economic development tax credit . . . . .	<u>8d</u>	<u>.00</u>
<u>e</u>	Electronics and information technology manufacturing zone credit . . . . .	<u>8e</u>	<u>.00</u>
<u>f</u>	Employee college savings account contribution credit . . . . .	<u>8f</u>	<u>.00</u>
<u>g</u>	Enterprise zone jobs credit . . . . .	<u>8g</u>	<u>.00</u>
<u>h</u>	Farmland preservation credit . . . . .	<u>8h</u>	<u>.00</u>
<u>i</u>	Jobs tax credit . . . . .	<u>8i</u>	<u>.00</u>
<u>j</u>	Manufacturing and agriculture credit (computed in 2017) . . . . .	<u>8j</u>	<u>.00</u>
<u>k</u>	Manufacturing investment credit . . . . .	<u>8k</u>	<u>.00</u>
<u>l</u>	Research expense credit . . . . .	<u>8l</u>	<u>.00</u>
<u>m</u>	Technology zone credit . . . . .	<u>8m</u>	<u>.00</u>
<u>n</u>	Total credits (add lines 8a through 8m) . . . . .	<u>8n</u>	<u>.00</u>
<u>9</u>	Other additions:		
<u>a</u>	_____	<u>9a</u>	<u>.00</u>
<u>b</u>	_____	<u>9b</u>	<u>.00</u>
<u>c</u>	_____	<u>9c</u>	<u>.00</u>
<u>d</u>	Total other additions (add lines 9a through 9c) . . . . .	<u>9d</u>	<u>.00</u>
<u>10</u>	Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1) . . . . .	<u>10</u>	<u>.00</u>

**Part 2 – Subtractions:**

<u>1</u>	Interest income (less related expenses) from United States government obligations . . . . .	<u>1</u>	<u>.00</u>
<u>2</u>	Capital gain/loss adjustment . . . . .	<u>2</u>	<u>.00</u>
<u>3</u>	Wisconsin net operating loss carryforward . . . . .	<u>3</u>	<u>.00</u>
<u>4</u>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<u>4</u>	<u>.00</u>
<u>5</u>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	<u>5</u>	<u>.00</u>
<u>6</u>	Transitional adjustments . . . . .	<u>6</u>	<u>.00</u>
<u>7</u>	Other subtractions:		
<u>a</u>	_____	<u>7a</u>	<u>.00</u>
<u>b</u>	_____	<u>7b</u>	<u>.00</u>
<u>c</u>	_____	<u>7c</u>	<u>.00</u>
<u>d</u>	Total other subtractions (add lines 7a through 7c) . . . . .	<u>7d</u>	<u>.00</u>
<u>8</u>	Total subtractions (Add lines 1 through 6 and 7d and enter on page 1) . . . . .	<u>8</u>	<u>.00</u>

