

Due Date: April 15, 2020 Check (✓) if this is an AMENDED return (Include Schedule AR) Check (✓) if this is a final return Corporation Year Ending

Tax-Option (S) Corporation Name		Federal Employer ID Number	
Number and Street		Suite Number	
City		State	Zip (+ 4 digit suffix if known)
Person to Contact Regarding This Return		Telephone Number	Fax Number

 ◀ Number of shareholders included in this return.

Caution: Only qualifying shareholders may be included in this return. See instructions for details.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS →(1000) IF NO ENTRY ON A LINE, LEAVE BLANK

Schedule 1 Tax Computation			
1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1	1	_____ .00
2	Tax from Schedule 2, column G	2	_____ .00
3	Wisconsin tax withheld from Schedule 2, column H	3	_____ .00
4	Amended Return Only – amount previously paid	4	_____ .00
5	Add lines 3 and 4	5	_____ .00
6	Amended Return Only – amount previously refunded	6	_____ .00
7	Subtract line 6 from 5	7	_____ .00
8	If line 7 is less than line 2, subtract line 7 from line 2 and enter amount due	8	_____ .00
9	If line 7 is more than line 2, subtract line 2 from line 7 and enter overpayment . This is the amount to be refunded to corporation	9	_____ .00

Include a copy of any application for a federal extension of time to file. *Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.*

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) ▼

SIGNATURES	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.		
	Signature of Authorized Officer	Title	Date
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date

Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) Pro Rata Share (%)	(D1) Shareholder's Share of WI Net Income (Loss)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax From Worksheet or 7.65% of (D1)	(H) Tax Withheld from Form PW-1	(I) Balance Due (Overpay- ment)
			(D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)					
a.			D1					
			D2					
b.			D1					
			D2					
c.			D1					
			D2					
d.			D1					
			D2					
e.			D1					
			D2					
f.			D1					
			D2					
g.			D1					
			D2					
h.			D1					
			D2					
i.			D1					
			D2					
j.			D1					
			D2					
k.			D1					
			D2					
TOTALS (enter on appropriate line on Schedule 1)			D1 total only					