Due Date Update:

The due dates for filing and making payments for certain 2019 income/ franchise tax returns have changed, including due dates for certain estimated tax payments for tax year 2020. The due dates on this form may not reflect the new due dates. For information on the new filing and payment due dates, see the article Wisconsin Tax Return Due Dates and Payments.

Form **6** ***Wisconsin Combined Corporation Franchise or Income Tax Return*** **2019**

- **Do not use this form if filing as a single entity.**
- **This form is required to be filed ELECTRONICALLY**

Due Date: Generally the 15th day of 4th month following close of taxable year. See instructions.

Designated Agent Name

Number and Street | Suite Number

City | State | ZIP (+ 4 digit suffix if known) | **A** Federal Employer ID Number

For 2019 or taxable year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y | **B** Business in Wisconsin ☐ Check if no business in Wisconsin

D Check ✓ if applicable and attach explanation:

1 ☐ Amended return (Include Schedule AR)
2 ☐ First return - new corporation or entering Wisconsin
3 ☐ Final return - corporation dissolved or withdrew
4 ☐ Short period - change in accounting period
5 ☐ Short period - stock purchase or sale
6 ☐ The controlled group election is being made for the first year of the 10-year period

C State of Incorporation and Year
Enter abbreviation of state in box, or if a foreign country, enter below. Y Y Y Y

1	Combined Unitary Income. Form 6, Part II, line 8 combined total	1	.00
2	Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total. Check if 100% apportionment: ☐	2	. %
3	Multiply line 1 by line 2	3	.00
4	Wisconsin net nonapportionable and separately apportioned income. Part III, line 4	4	.00
5	Add lines 3 and 4	5	.00
6	Net capital loss adjustment. Form 6, Part III, line 5 combined total	6	.00
7	Subtract line 6 from line 5	7	.00
8	Loss adjustment for insurance companies. See instructions	8	.00
9	Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards	9	.00
10	Wisconsin net business loss carryforward. Form 6, Part III, line 7 combined total	10	.00
11	Subtract line 10 from line 9. This is Wisconsin net income or loss. Check if excess inclusion income from real estate mortgage investment conduit ☐	11	.00
12	Sum of gross tax from all members Form 6, Part III, line 9 combined total	12	.00
13	Nonrefundable credits. Form 6, Part III, line 10 combined total	13	.00
14	Subtract line 13 from line 12. If line 13 is more than line 12, enter zero (0). This is the net tax	14	.00
15	Economic development surcharge. Form 6, Part III, line 11c combined total	15	.00
16	Endangered resources donation	16	.00
17	Veterans trust fund donation	17	.00
18	Add lines 14 through 17	18	.00
19	Estimated tax payments, including 2018 carryforward, less refund from Form 4466W	19	.00
20	Wisconsin Tax Withheld. See instructions	20	.00
21	Refundable credits. Form 6, Part III, line 13 combined total	21	.00
22	Amended return only - amount previously paid	22	.00
23	Add lines 19 through 22	23	.00
24	Amended return only - amount previously refunded	24	.00
25	Subtract line 24 from line 23	25	.00
26	Interest, penalty, and late fee due. Check the box if annualized on Form U ☐	26	.00
27	**Amount due.** If the total of lines 18 and 26 is larger than 25, subtract line 25 from the total of lines 18 and 26	27	.00
28	**Overpayment.** If line 25 is larger than the total of lines 18 and 26, subtract the total of lines 18 and 26 from line 25	28	.00
29	Enter amount from line 28 you want credited to 2020 estimated tax	29	.00
30	Subtract line 29 from line 28. **This is your refund**	30	.00

Sample Form File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Federal Employer ID Number

Reconciliation With Federal Consolidated Return:

1 From the federal consolidated return(s), list the parent corporation(s) name, federal employer identification number (FEIN), and the amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 2.

	Parent Company Name	FEIN	Form 1120, Line 28
a		__ __ - __ __ __ __ __ __ __	.00
b		__ __ - __ __ __ __ __ __ __	.00
c		__ __ - __ __ __ __ __ __ __	.00

d Total from the sum of all Forms 1120, line 28 listed in number one above . . . . . 1d .00

2 List companies whose federal returns are not listed on line 1 that are in the Wisconsin combined group.

	Company Name	FEIN	Form 1120, Line 28
a		__ __ - __ __ __ __ __ __ __	.00
b		__ __ - __ __ __ __ __ __ __	.00
c		__ __ - __ __ __ __ __ __ __	.00

d Total from the sum of all Forms 1120, line 28 listed in number two above . . . . . 2d .00

3 Add lines 1d and 2d. . . . . 3 .00

4 List companies who are included in the federal consolidated return from line 1, but are not Wisconsin combined group members.

	Company Name	FEIN	Form 1120, Line 28
a		__ __ - __ __ __ __ __ __ __	.00
b		__ __ - __ __ __ __ __ __ __	.00
c		__ __ - __ __ __ __ __ __ __	.00

d Total from the sum of all Forms 1120, line 28 listed in line 4 above . . . . . 4d .00

5 Subtract line 4d from line 3 . . . . . 5 .00

6 Enter the number of companies included in this combined return 6

7 Enter the federal net income of corporations in the commonly controlled group that are not in the federal consolidated return or this combined return. Submit a schedule identifying each corporation . . . . . 7 .00

8 Enter total gross sales corresponding to amount on line 7 . . . . . 8 .00

9 City and state where books and records are located for audit purposes: City: _____ State: __ __

10 List the locations of Wisconsin operations: _____

11 Person to contact concerning this return:

Last Name: _____ First Name: _____

Phone Number: __ __ __ — __ __ __ — __ __ __ __ Email: _____

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 ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

You must include a copy of your federal return with Form 6, even if no Wisconsin activity.

See the instructions for a description of federal return information that must be included with Form 6.

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part I: Modified Federal Taxable Income

			Corporation Name:			Elimination Adjustments		Combined Totals
			FEIN: __ – _____	__ – _____	__ – _____			
1	Net receipts or sales	1	.00	.00	.00	.00	1	.00
a	Intercompany sales	1a	.00	.00	.00	.00	1a	.00
2	Cost of goods sold	2	.00	.00	.00	.00	2	.00
3	Gross profit. Subtract line 2 from line 1	3	.00	.00	.00	.00	3	.00
4	Dividends	4	.00	.00	.00	.00	4	.00
5	Interest	5	.00	.00	.00	.00	5	.00
6	Gross rents	6	.00	.00	.00	.00	6	.00
7	Gross royalties	7	.00	.00	.00	.00	7	.00
8	Capital gain net income	8	.00	.00	.00	.00	8	.00
9	Net gain or loss from U.S. Form 4797	9	.00	.00	.00	.00	9	.00
10	Other income	10	.00	.00	.00	.00	10	.00
11	**Total income. Add lines 3 through 10**	11	.00	.00	.00	.00	11	.00
12	Compensation of officers	12	.00	.00	.00	.00	12	.00
13	Salaries and wages less employment credit	13	.00	.00	.00	.00	13	.00
14	Repairs and maintenance	14	.00	.00	.00	.00	14	.00
15	Bad debts	15	.00	.00	.00	.00	15	.00
16	Rents	16	.00	.00	.00	.00	16	.00
17	Taxes and licenses	17	.00	.00	.00	.00	17	.00
18	Interest	18	.00	.00	.00	.00	18	.00
19	Charitable contributions	19	.00	.00	.00	.00	19	.00
20	Depreciation	20	.00	.00	.00	.00	20	.00
21	Depletion	21	.00	.00	.00	.00	21	.00
22	Advertising	22	.00	.00	.00	.00	22	.00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part I: Modified Federal Taxable Income

		Corporation Name:			Elimination Adjustments		Combined Totals
		FEIN:	__ - _____	__ - _____	__ - _____		
23	Pension plan, etc	23 .00	.00	.00	.00	23	.00
24	Employee benefit programs	24 .00	.00	.00	.00	24	.00
25	Reserved for future use	25 .00	.00	.00	.00	25	.00
26	Other deductions	26 .00	.00	.00	.00	26	.00
27	**Total deductions. Add lines 12 through 26**	27 .00	.00	.00	.00	27	.00
28	**Taxable income or loss.** Subtract line 27 from line 11	28 .00	.00	.00	.00	28	.00
29	Net capital gains included on line 28 (enter as a negative in member columns)	29 .00	.00	.00	.00	29	.00
30	Recomputed net capital gain, applying capital loss limitation at combined group level	30 .00	.00	.00	.00	30	.00
31	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive in member columns)	31 .00	.00	.00	.00	31	.00
32	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative in member columns)	32 .00	.00	.00	.00	32	.00
33	Adjustment to defer or recognize intercompany income, expense, gain, or loss between group members	33 .00	.00	.00	.00	33	.00
34	Other adjustments based on federal law (explain on an attached statement)	34 .00	.00	.00	.00	34	.00
35	Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page	35 .00	.00	.00	.00	35	.00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part II: Unitary Income Computation

		Corporation Name:			Elimination Adjustments		Combined Totals
		FEIN: __ – _____	__ – _____	__ – _____			
1 Modified federal taxable income from Part I, line 35	1	.00	.00	.00	.00	1	.00
2 **Additions to income:**							
a Interest income from state and municipal obligations	2a	.00	.00	.00	.00	2a	.00
b State taxes accrued or paid	2b	.00	.00	.00	.00	2b	.00
c Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	2c	.00	.00	.00	.00	2c	.00
d Reserved for future use	2d	.00	.00	.00	.00	2d	.00
e Expenses related to nontaxable income	2e	.00	.00	.00	.00	2e	.00
f Basis, section 179, depreciation difference	2f	.00	.00	.00	.00	2f	.00
g Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	2g	.00	.00	.00	.00	2g	.00
h Total additions for certain credits computed:							
a Business development credit	2h-a	.00	.00	.00	.00	2h-a	.00
b Community rehabilitation program credit	2h-b	.00	.00	.00	.00	2h-b	.00
c Development zones credits	2h-c	.00	.00	.00	.00	2h-c	.00
d Economic development credit	2h-d	.00	.00	.00	.00	2h-d	.00
e Electronics and information technology manufacturing zone credit	2h-e	.00	.00	.00	.00	2h-e	.00
f Employee college saving account contribution credit	2h-f	.00	.00	.00	.00	2h-f	.00
g Enterprise zone jobs credit	2h-g	.00	.00	.00	.00	2h-g	.00
h Farmland preservation credit	2h-h	.00	.00	.00	.00	2h-h	.00
i Jobs tax credit	2h-i	.00	.00	.00	.00	2h-i	.00

Sample Form File Electronically

2019 Form 6 - Wisconsin Combined Corporation Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part II: Unitary Income Computation

	Corporation Name:			Elimination Adjustments		Combined Totals
	FEIN: __ – _____	__ – _____	__ – _____			
j Manufacturing investment credit . . 2h-j	.00	.00	.00	.00	2h-j	.00
k Manufacturing and agriculture credit 2h-k	.00	.00	.00	.00	2h-k	.00
l Research credits 2h-l	.00	.00	.00	.00	2h-l	.00
m Technology zone credit 2h-m	.00	.00	.00	.00	2h-m	.00
n Total credits (add lines 2h-a through 2h-m) 2h-n	.00	.00	.00	.00	2h-n	.00
i Special additions for insurance companies 2i	.00	.00	.00	.00	2i	.00
j Other additions:						
a ____ 2j-a	.00	.00	.00	.00	2j-a	.00
b ____ 2j-b	.00	.00	.00	.00	2j-b	.00
c ____ 2j-c	.00	.00	.00	.00	2j-c	.00
d ____ 2j-d	.00	.00	.00	.00	2j-d	.00
e Add lines 2j-a through 2j-d 2j-e	.00	.00	.00	.00	2j-e	.00
k Total additions (add lines 2a through 2g, 2h-n, 2i, and line 2j-e) 2k	.00	.00	.00	.00	2k	.00
3 Total (add lines 1 and 2k) 3	.00	.00	.00	.00	3	.00
4 **Subtractions from income:**						
a Wisconsin subtraction modification for dividends (from Form 6Y, line 4) 4a	.00	.00	.00	.00	4a	.00
b Related entity expenses eligible for subtraction 4b	.00	.00	.00	.00	4b	.00
c Income from related entities whose expenses were disallowed 4c	.00	.00	.00	.00	4c	.00
d Subpart F income. 4d	.00	.00	.00	.00	4d	.00
e Gross-up of foreign dividend income . . 4e	.00	.00	.00	.00	4e	.00
f Nontaxable income 4f	.00	.00	.00	.00	4f	.00
g Foreign taxes 4g	.00	.00	.00	.00	4g	.00
h Cost depletion 4h	.00	.00	.00	.00	4h	.00
i Basis, section 179, depreciation difference, amortization of assets 4i	.00	.00	.00	.00	4i	.00

Sample Form File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part II: Unitary Income Computation

	Corporation Name:			Elimination Adjustments		Combined Totals
	FEIN: __ – _____	__ – _____	__ – _____			
j Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule) . . . 4j	.00	.00	.00	.00	4j	.00
k Federal wage credits 4k	.00	.00	.00	.00	4k	.00
l Federal research credit expenses 4l	.00	.00	.00	.00	4l	.00
m Other subtractions:						
a ____ 4m-a	.00	.00	.00	.00	4m-a	.00
b ____ 4m-b	.00	.00	.00	.00	4m-b	.00
c ____ 4m-c	.00	.00	.00	.00	4m-c	.00
d ____ 4m-d	.00	.00	.00	.00	4m-d	.00
e Add lines 4m-a through 4m-d. 4m-e	.00	.00	.00	.00	4m-e	.00
n Nontaxable income from life insurance operations 4n	.00	.00	.00	.00	4n	.00
o Total subtractions (add lines 4a through 4l plus lines 4m-e and 4n) . . . 4o	.00	.00	.00	.00	4o	.00
5 Total (subtract line 4o from line 3) 5	.00	.00	.00	.00	5	.00
6 Net nonapportionable and separately apportioned income from Form N, line 8 6	.00	.00	.00	.00	6	.00
7 Pre-apportioned income. Subtract line 6 from line 5 7	.00	.00	.00	.00	7	
7a 100% Wisconsin groups only: Enter each members elimination adjustments 7a	.00	.00	.00			
7b 100% Wisconsin groups only: Subtract line 7a from line 7. Enter result here and on Part III, line 2 . . . . . 7b	.00	.00	.00			
8 Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1					8	.00

Sample Form File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part III: Member's Share of Form 6 Items

	Corporation Name:			Combined Totals
	FEIN: __ - _____	__ - _____	__ - _____	
1a Apportionment numerator from apportionment schedule 1a	.00	.00	.00	1a .00
1b Apportionment denominator from apportionment schedule 1b	.00	.00	.00	1b .00
1c Enter combined total amount from line 1b . 1c	.00	.00	.00	
1d Apportionment percentage. Divide the amount on line 1a by the amount on line 1c 1d	___.____%	___.____%	___.____%	1d ___.____%
Enter apportionment schedule used	A __	A __	A __	
2 Multiply Part II, line 8, by line 1d. See Instr. . 2	.00	.00	.00	2 .00
3 Adjustment for current year loss offset (see instructions) 3	.00	.00	.00	3 .00
4 Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14) 4	.00	.00	.00	4 .00
5 Net capital loss adjustment (from Form 6CL, Part I, line 9e) 5	.00	.00	.00	5 .00
6 Loss adjustment for insurance companies (from Schedule 6I, line 24) 6	.00	.00	.00	6 .00
7 Wisconsin net business loss carryforward (from Part IV, line 18 of this form) 7	.00	.00	.00	7 .00
8 Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7) 8	.00	.00	.00	8 .00
Check if excess inclusion income from real estate mortgage investment conduits	☐	☐	☐	
9 Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions 9	.00	.00	.00	9 .00
10 Nonrefundable credits (from Part V, line 6 of this form) 10	.00	.00	.00	10 .00
11 Economic development surcharge:				
a Enter gross receipts from all activities (from Part VI, line 6) 11a	.00	.00	.00	11a .00
b If line 11a is $4 million or greater, fill in the member's gross franchise or income tax from Part III, line 9 . . . . . 11b	.00	.00	.00	11b .00
c Multiply line 11b by 3% (.03). If the result is less than $25, fill in$25.If the result is more than $9,800, fill in $9,800 . . . . . 11c	.00	.00	.00	11c .00

Sample Form File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part III: Member's Share of Form 6 Items

							Combined Totals
	Corporation Name:						
	FEIN:	__ __ - __ __ __ __ __ __ __	__ __ - __ __ __ __ __ __ __	__ __ - __ __ __ __ __ __ __			
12	Wisconsin tax withheld (see instructions)	12	.00	.00	.00	12	.00
13	Refundable credits. For each credit, enter code from instructions and amount	13a	___ .00	___ .00	___ .00		
		13b	___ .00	___ .00	___ .00		
		13c	___ .00	___ .00	___ .00		
	Add lines 13a through 13c	13d	.00	.00	.00	13d	.00

Part IV: Wisconsin Net Business Loss Carryforward

1	Member's portion of combined unitary income from Part III, line 2 plus line 3	1	.00	.00	.00	1	.00
2	Member's net nonapportionable and separately apportioned income from Part III, line 4	2	.00	.00	.00	2	.00
3	Add lines 1 and 2	3	.00	.00	.00	3	.00
4	Member's net capital loss adjustment from Part III, line 5 (enter as a positive number)	4	.00	.00	.00	4	.00
5	Subtract line 4 from line 3	5	.00	.00	.00	5	.00
6	Member's net business loss carryforward from Form 6BL, line 30, column (i) (Nonsharable) or the amount this member elected to use this period	6	.00	.00	.00	6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero	7	.00	.00	.00	7	.00
8	Subtract line 7 from line 5	8	.00	.00	.00	8	.00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part IV: Wisconsin Net Business Loss Carryforward

Corporation Name: _____ _____ _____

FEIN: __ – _____ __ – _____ __ – _____

9	Member's net business loss carryforward from Form 6BL, line 30, columns (j) and (k) (Sharable) or the amount this member elected to use this period	9	.00	.00	.00	9	Combined Totals .00
10	Enter the lesser of line 8 or line 9, but not less than zero	10	.00	.00	.00	10	.00
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward	11	.00	.00	.00	11	.00
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members	12	.00	.00	.00	12	.00
13	Sharable net business loss carryforward amount being shared with other members	13	.00	.00	.00	13	.00
14	Sharable net business loss carryforward amount being shared with this member	14	.00	.00	.00	14	.00
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carryforwards	15	.00	.00	.00	15	.00
16	Pre-2009 sharable net business loss carryforward being shared with other members	16	.00	.00	.00	16	.00
17	Pre-2009 sharable net business loss carryforward being shared with this member	17	.00	.00	.00	17	.00
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7	18	.00	.00	.00	18	.00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part V: Nonrefundable Credits

	Corporation Name:			Combined Totals
	FEIN:	–	–	–
1 Enter the **available** nonrefundable credits from the credit schedules and Schedule CF	**1a** .00	.00	.00	
	1b .00	.00	.00	
	1c .00	.00	.00	
	1d .00	.00	.00	
Add lines 1a through 1d	**1e** .00	.00	.00	**1e** .00
2 Enter the member's gross tax from Part III, line 9	**2** .00	.00	.00	**2** .00
3 Enter the amount of nonrefundable credits the member **is electing to use.** **Note:** The total credits from line 3e should not exceed the gross tax on line 2. See Instructions	**3a** .00	.00	.00	
	3b .00	.00	.00	
	3c .00	.00	.00	
	3d .00	.00	.00	
Add lines 3a through 3d	**3e** .00	.00	.00	**3e** .00
4 Subtract line 3e from line 2	**4** .00	.00	.00	**4** .00
5 If the total available credits from line 1e above is greater than line 2, and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 4	**5** .00	.00	.00	**5** .00
6 Add lines 3e and 5. This is the amount to enter on Part III, line 10	**6** .00	.00	.00	**6** .00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name:			
Street Address/PO Box:			
City, State:			
Zip Code:			
FEIN:	–	–	–
NAICS:			

1	Member's state and year of incorporation	1	1	1
2	Corporation's tax period included in this return: Beginning	2	2	2
	Ending			
3	Member's taxable year end	3	3	3
4	If you have an extension of time to file, enter extended due date	4	4	4
5	If IRS adjustments became final during the year, enter the years adjusted	5	5	5

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part VI: Additional Member Information

	Corporation Name:				Elimination Adjustments		Combined Totals
	FEIN:	__ __ - __ __ __ __ __ __ __	__ __ - __ __ __ __ __ __ __	__ __ - __ __ __ __ __ __ __			
6	Enter total gross receipts from all activities	6 .00	.00	.00	.00	6	.00
7	Total Wisconsin sales, receipts, or premiums included in apportionment ratio	7 .00	.00	.00		7	.00
8	Total sales, receipts, or premiums included in apportionment ratio	8 .00	.00	.00		8	.00
9	Total Wisconsin payroll	9 .00	.00	.00	.00	9	.00
10	Total payroll	10 .00	.00	.00	.00	10	.00
11	Total Wisconsin tangible property	11 .00	.00	.00	.00	11	.00
12	Total tangible property	12 .00	.00	.00	.00	12	.00
13	Enter total assets from federal Form 1120	13 .00	.00	.00	.00	13	.00

Sample Form
File Electronically

2019 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name	Federal Employer ID Number

Part VI: Additional Member Information

	Corporation Name:		
	FEIN: __ __ – __ __ __ __ __ __ __	__ __ – __ __ __ __ __ __ __	__ __ – __ __ __ __ __ __ __
14 Was the member excluded from a combined group in another state?	14 ___ Yes ___ No	14 ___ Yes ___ No	14 ___ Yes ___ No
15 Did the member file a separate Wisconsin return or was included in another group?	15 ___ Yes ___ No	15 ___ Yes ___ No	15 ___ Yes ___ No
16 Was the member an insurance company?	16 ___ Yes ___ No	16 ___ Yes ___ No	16 ___ Yes ___ No
17 Was the member a tax exempt corporation?	17 ___ Yes ___ No	17 ___ Yes ___ No	17 ___ Yes ___ No
18 Did the member file a final return?	18 ___ Yes ___ No	18 ___ Yes ___ No	18 ___ Yes ___ No
19 Did the member join the group during the year?	19 ___ Yes ___ No	19 ___ Yes ___ No	19 ___ Yes ___ No
20 Did the member leave the group during the year?	20 ___ Yes ___ No	20 ___ Yes ___ No	20 ___ Yes ___ No
21 Was this a short period return because of a change in accounting method?	21 ___ Yes ___ No	21 ___ Yes ___ No	21 ___ Yes ___ No
22 Was this a short period return because of a stock purchase or sale?	22 ___ Yes ___ No	22 ___ Yes ___ No	22 ___ Yes ___ No
23 Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.	23 ___ Yes ___ No	23 ___ Yes ___ No	23 ___ Yes ___ No
24 Was the income from the disregarded entities in question 23 included in this return?	24 ___ Yes ___ No	24 ___ Yes ___ No	24 ___ Yes ___ No
25 Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	25 ___ Yes ___ No	25 ___ Yes ___ No	25 ___ Yes ___ No
26 Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	26 ___ Yes ___ No	26 ___ Yes ___ No	26 ___ Yes ___ No
27 Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, see instructions	27 ___ Yes ___ No	27 ___ Yes ___ No	27 ___ Yes ___ No

Sample Form
File Electronically