

2019 Form 6Y - Wisconsin Modification for Dividends

| | |
|-----------------------|----------------------------|
| Designated Agent Name | Federal Employer ID Number |
|-----------------------|----------------------------|

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"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1a | .00 | .00 | .00 | 1a .00 |
| 1b | Date Acquired by Payee M M D D Y Y Y Y | Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1b | .00 | .00 | .00 | 1b .00 |
| 1c | Date Acquired by Payee M M D D Y Y Y Y | Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1c | .00 | .00 | .00 | 1c .00 |
| 1d | Date Acquired by Payee M M D D Y Y Y Y | Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1d | .00 | .00 | .00 | 1d .00 |
| 1e | Date Acquired by Payee M M D D Y Y Y Y | Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1e | .00 | .00 | .00 | 1e .00 |
| 1f | Date Acquired by Payee M M D D Y Y Y Y | Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | | | | | |
| | Name of Payer Corporation | | 1f | .00 | .00 | .00 | 1f .00 |
| 1g | Add lines 1a through 1f | | 1g | .00 | .00 | .00 | 1g .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 |