

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

2021

For calendar year 2021 or tax year beginning and ending

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

D Check <input type="checkbox"/> if applicable and attach explanation:		B Business Activity (NAICS) Code	C State of Organization and Year
1 <input type="checkbox"/> Amended return (Include Schedule AR)			Enter abbreviation of state in box, or if a foreign country, enter below. _____ Y Y Y Y
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		

Check if applicable and see instructions:

E If you have an extension of time to file, enter extended due date

F If you have related entity expenses and are required to file Schedule RT with this return

G If you changed your organization name



H Internal Revenue Service adjustments became final during the year
Enter years adjusted ▶ _____

I Check type of organization:

J Name of Trustee if Taxable as Trust _____

1 Corporation 2 Trust - due 4th month 3 Trust - due 5th month

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)

<u>1</u> Unrelated business taxable income (from federal Form 990-T, Part 1, line 11)	<u>1</u>	.00
<u>2</u> Additions (from Part 1, Page 3)	<u>2</u>	.00
<u>3</u> Add lines 1 and 2	<u>3</u>	.00
<u>4</u> Subtractions (from Part 2, Page 3)	<u>4</u>	.00
<u>5</u> Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8)	<u>5</u>	.00
<u>6</u> Subtract lines 4 and 5 from line 3. This is apportionable unrelated business taxable income	<u>6</u>	.00
<u>7</u> Wisconsin apportionment percentage. Enter the apportionment schedule used: A <u> </u>	<u>7</u> %
If 100% apportionment, check (✓) the space after the arrow ▶ <input type="checkbox"/>		
If using separate accounting, check (✓) the space after the arrow. ▶ <input type="checkbox"/>		
<u>8</u> Multiply line 6 by line 7	<u>8</u>	.00
<u>9</u> Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9)	<u>9</u>	.00
<u>10</u> Combine lines 8 and 9. This is Wisconsin unrelated business taxable income (loss)	<u>10</u>	.00
<u>11</u> Enter 7.9% (0.079) of amount on line 10. This is gross tax	<u>11</u>	.00
<u>12</u> Nonrefundable credits (from Schedule CR)	<u>12</u>	.00
<u>13</u> Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero (0). This is net tax	<u>13</u>	.00

Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23)

<u>14</u> Unrelated business taxable income (from federal Form 990-T, Part 1, line 11 or attachment to federal Form 4720)	<u>14</u>	.00
<u>15</u> Additions (from Part 1, Page 3)	<u>15</u>	.00
<u>16</u> Add lines 14 and 15	<u>16</u>	.00
<u>17</u> Subtractions (from Part 2, Page 3)	<u>17</u>	.00
<u>18</u> Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income	<u>18</u>	.00
<u>19</u> Tax from tax table on amount on line 18. This is gross tax	<u>19</u>	.00

PAPER CLIP check or money order here

Table with 3 columns: Line Number, Description, and Amount. Lines 20-41. Total amount shown as .00 for most lines.

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 section. Do you want to allow another person to discuss this return with the department? 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 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>
8	Credit computed (see instructions):			
a	Business development credit	8a	_____	<u>.00</u>
b	Community rehabilitation program credit	8b	_____	<u>.00</u>
c	Development zones credits	8c	_____	<u>.00</u>
d	Economic development tax credit	8d	_____	<u>.00</u>
e	Electronics and information technology manufacturing zone credit	8e	_____	<u>.00</u>
f	Employee college savings account contribution credit	8f	_____	<u>.00</u>
g	Enterprise zone jobs credit	8g	_____	<u>.00</u>
h	Farmland preservation credit	8h	_____	<u>.00</u>
i	Jobs tax credit	8i	_____	<u>.00</u>
j	Manufacturing and agriculture credit (computed in 2020)	8j	_____	<u>.00</u>
k	Manufacturing investment credit	8k	_____	<u>.00</u>
l	Research expense credit	8l	_____	<u>.00</u>
m	Reserved for future use	8m	_____	<u>.00</u>
n	Total credits (add lines 8a through 8m)	8n	_____	<u>.00</u>
9	Other additions:			
a	_____	9a	_____	<u>.00</u>
b	_____	9b	_____	<u>.00</u>
c	_____	9c	_____	<u>.00</u>
d	Total other additions (add lines 9a through 9c)	9d	_____	<u>.00</u>
10	Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1)	10	_____	<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>
7	Other subtractions:			
a	_____	7a	_____	<u>.00</u>
b	_____	7b	_____	<u>.00</u>
c	_____	7c	_____	<u>.00</u>
d	Total other subtractions (add lines 7a through 7c)	7d	_____	<u>.00</u>
8	Total subtractions (Add lines 1 through 6 and 7d and enter on page 1)	8	_____	<u>.00</u>

