

2021 Form 6Y - Wisconsin Modification for Dividends

Designated Agent Name	Federal Employer ID Number
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Corporation Name: _____
 FEIN: _____

Combined
Totals

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

