

Form

1CNS

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

2022

Due Date: April 18, 2023

Check (✓) if this is an AMENDED return (Include Schedule AR)

Check (✓) if this is a final return

Corporation Year Ending 2 0 2 2

Form fields for Tax-Option (S) Corporation Name, Federal Employer ID Number, Address, City, State, Zip, Person to Contact, Telephone Number, and Fax Number.

Number of shareholders included in this return.

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

Schedule 1 Tax Computation

Table with 9 rows for tax computation, including Wisconsin tax-option (S) corporation income, tax from Schedule 2, Wisconsin tax withheld, and amended return adjustments.

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 section with fields for Name, Print Name, Phone Number, and Personal Identification Number (PIN).

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.

Table for SIGNATURES with columns for Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, and Date.

For information on how to file, see Filing Methods in instructions.

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) (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)	(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)
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					