

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

2025

For calendar year 2025 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	A Wisconsin DFI Number
City	State	ZIP (+ 4 digit suffix if known)	B Federal Employer ID Number	
E Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return (Include Schedule AR) 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew		C Business Activity (NAICS) Code _____	D State of Organization and Year Enter abbreviation of state in box, or if a foreign country, enter below. _____ Y Y Y Y	
4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale				

Check if applicable and see instructions:

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

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

H If you changed your organization name



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

J Check type of organization:

K 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 <input type="checkbox"/>	<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

20	Nonrefundable credits (from Schedule CR)	20	<u> </u>	.00
21	Net income tax paid to other states	21	<u> </u>	.00
22	Add lines 20 and 21	22	<u> </u>	.00
23	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax	23	<u> </u>	.00
24	Tax from line 13 or 23.	24	<u> </u>	.00
25	Economic development surcharge (see instructions)	25	<u> </u>	.00
26	Endangered resources donation (decreases refund or increases amount owed).	26	<u> </u>	.00
27	Veterans trust fund donation (decreases refund or increases amount owed).	27	<u> </u>	.00
28	Add lines 24 through 27	28	<u> </u>	.00
29	Estimated tax payments less refund from Form 4466W.	29	<u> </u>	.00
30	Wisconsin tax withheld.	30	<u> </u>	.00
31	Refundable credits (from Schedule CR)	31	<u> </u>	.00
32	Amended Return Only – amount previously paid	32	<u> </u>	.00
33	Add lines 29 through 32	33	<u> </u>	.00
34	Amended Return Only – amount previously refunded	34	<u> </u>	.00
35	Subtract line 34 from 33	35	<u> </u>	.00
36	Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). If you annualized income on Form U or Schedule U, check (✓) the space after the arrow. ▶ <input type="checkbox"/>	36	<u> </u>	.00
37	Amount due. If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36.	37	<u> </u>	.00
38	Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35	38	<u> </u>	.00
39	Enter amount of line 38 you want credited on 2026 estimated tax	39	<u> </u>	.00
40	Subtract line 39 from line 38. This is your refund	40	<u> </u>	.00
41	Enter total gross receipts from all unrelated trade or business activities	41	<u> </u>	.00

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)? Yes No If yes, complete Schedule DE and include with this return. Did you include the incomes of these entities in this return? Yes No
- 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? Yes No If yes, you may owe Wisconsin use tax. See instructions for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 List the locations of your Wisconsin operations: _____

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 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



