

2025 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					Combined Totals			
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%	1a	.00	.00	.00	1a	.00
Name of Payer Corporation					.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%	1b	.00	.00	.00	1b	.00
Name of Payer Corporation					.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%	1c	.00	.00	.00	1c	.00
Name of Payer Corporation					.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%	1d	.00	.00	.00	1d	.00
Name of Payer Corporation					.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%	1e	.00	.00	.00	1e	.00
Name of Payer Corporation					.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%	1f	.00	.00	.00	1f	.00
Name of Payer Corporation					.00			
1g	Add lines 1a through 1f	1g	.00	.00	.00	1g	.00	.00
1h	Total of line 1g from additional Forms 6Y (see instructions)	1h	.00	.00	.00	1h	.00	.00
2	Add lines 1g and 1h.	2	.00	.00	.00	2	.00	.00
3	Enter foreign taxes paid on dividends included on line 2	3	.00	.00	.00	3	.00	.00
4	Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a	4	.00	.00	.00	4	.00	.00