

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

2026

For calendar year 2026 or tax year beginning 2 0 2 6 and ending 2 0
M M D D Y Y Y Y M M D D Y Y Y Y

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

Number and Street			Suite Number	A Wisconsin DFI Number
City	State	ZIP (+ 4 digit suffix if known)	B Federal Employer ID Number	

E Check ✓ if applicable and attach explanation:		C Business Activity (NAICS) Code	D State of Organization and Year
1 ☐ Amended return (Include Schedule AR)			Enter abbreviation of state in box, or if a foreign country, enter below. Y Y Y Y
2 ☐ First return - new corporation or entering Wisconsin	4 ☐ Short period - change in accounting period		
3 ☐ Final return - corporation dissolved or withdrew	5 ☐ 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
M M D D Y Y Y Y

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 ►



C14T26991

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)

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

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

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

20	Nonrefundable credits (from Schedule CR)	20	_____	.00
21	Net income tax paid to other states	21	_____	.00
22	Add lines 20 and 21	22	_____	.00
23	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax . . .	23	_____	.00
24	Tax from line 13 or 23.	24	_____	.00
25	Economic development surcharge (see instructions)	25	_____	.00
26	Endangered resources donation (decreases refund or increases amount owed).	26	_____	.00
27	Veterans trust fund donation (decreases refund or increases amount owed).	27	_____	.00
28	Add lines 24 through 27	28	_____	.00
29	Estimated tax payments less refund from Form 4466W. . .	29	_____	.00
30	Wisconsin tax withheld.	30	_____	.00
31	Refundable credits (from Schedule CR)	31	_____	.00
32	Amended Return Only – amount previously paid	32	_____	.00
33	Add lines 29 through 32	33	_____	.00
34	Amended Return Only – amount previously refunded	34	_____	.00
35	Subtract line 34 from line 33	35	_____	.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. ▶ ☐	36	_____	.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	_____	.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	_____	.00
39	Enter amount of line 38 you want credited on 2027 estimated tax . .	39	_____	.00
40	Subtract line 39 from line 38. This is your refund	40	_____	.00
41	Enter total gross receipts from all unrelated trade or business activities	41	_____	.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: _____

ThirdDo you want to allow another person to discuss this return with the department? ☐ Yes Complete the following. ☐ No**Party**

Phone Number ▼ Personal Identification Number (PIN) ▼

Designee

Print Designee's Name ▶ _____

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



Part 1 – Additions:

1	Interest income (less related expenses) from state and municipal obligations	1	_____	.00
2	State and local franchise or income taxes	2	_____	.00
3	Capital gain/loss adjustment	3	_____	.00
4	Federal net operating loss carryover	4	_____	.00
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1)	5	_____	.00
6	Reserved for future use	6	_____	.00
7	Transitional adjustments	7	_____	.00
8	Credit computed (see instructions):			
a	Business development credit	8a	_____	.00
b	Community rehabilitation program credit	8b	_____	.00
c	Rail infrastructure modernization credit	8c	_____	.00
d	Rail infrastructure maintenance credit	8d	_____	.00
e	Electronics and information technology manufacturing zone credit	8e	_____	.00
f	Employee college savings account contribution credit	8f	_____	.00
g	Enterprise zone jobs credit	8g	_____	.00
h	Farmland preservation credit	8h	_____	.00
i	Additional employer provided child care credit	8i	_____	.00
j	Manufacturing and agriculture credit (computed in 2025)	8j	_____	.00
k	Research expense credit	8k	_____	.00
l	Film production company investment credit	8l	_____	.00
m	Film production company services credit	8m	_____	.00
n	Total credits (add lines 8a through 8k)	8n	_____	.00
9	Other additions:			
a	_____	9a	_____	.00
b	_____	9b	_____	.00
c	_____	9c	_____	.00
d	Total other additions (add lines 9a through 9c)	9d	_____	.00
10	Total additions (add lines 1 through 7, 8l, and 9d and enter on page 1)	10	_____	.00

Part 2 – Subtractions:

1	Interest income (less related expenses) from United States government obligations	1	_____	.00
2	Capital gain/loss adjustment	2	_____	.00
3	Wisconsin net operating loss carryforward	3	_____	.00
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1)	4	_____	.00
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	5	_____	.00
6	Transitional adjustments	6	_____	.00
7	Other subtractions:			
a	_____	7a	_____	.00
b	_____	7b	_____	.00
c	_____	7c	_____	.00
d	Total other subtractions (add lines 7a through 7c)	7d	_____	.00
8	Total subtractions (Add lines 1 through 6 and 7d and enter on page 1)	8	_____	.00

