

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

For 2013 or taxable year beginning                                         and ending                                        

**2013**

**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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP (+ 4 digit suffix if known) \_\_\_\_\_ A Federal Employer ID Number \_\_\_\_\_

D **Check  if applicable and attach explanation:** B Business Activity (NAICS) Code C State of Organization and Year

- 1  Amended return
- 2  First return - new corporation or entering Wisconsin
- 3  Final return - corporation dissolved or withdrew
- 4  Short period - change in accounting period
- 5  Short period - stock purchase or sale

Check  if applicable and see instructions:

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

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

G  If you changed your organization name.

H  Internal Revenue Service adjustments became final during the year.

Enter years adjusted **▶** \_\_\_\_\_.



I **Check  type of organization:**

- 1  Corporation
- 2  Trust - due 4th month
- 3  Trust - due 5th month

J Name of Trustee if Taxable as Trust \_\_\_\_\_

**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)




<b>1</b>	Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	<b>1</b>	_____	<b>.00</b>
<b>2</b>	Job creation deduction (from Schedule JC, line 7) . . . . .	<b>2</b>	_____	<b>.00</b>
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	_____	<b>.00</b>
<b>4</b>	Total net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 8) . . . . .	<b>4</b>	_____	<b>.00</b>
<b>5</b>	Subtract line 4 from line 3. This is apportionable unrelated business taxable income . . . . .	<b>5</b>	_____	<b>.00</b>
<b>6</b>	Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form 4A-2, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>	<b>6</b>	_____ . _____ %	
	If 100% apportionment, check (✓) the space after the arrow . . . . . <b>▶</b> <input type="checkbox"/>			
<b>7</b>	Multiply line 5 by line 6. . . . .	<b>7</b>	_____	<b>.00</b>
<b>8</b>	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 9)	<b>8</b>	_____	<b>.00</b>
<b>9</b>	Combine lines 7 and 8. This is Wisconsin unrelated business taxable income (loss) . . . . .	<b>9</b>	_____	<b>.00</b>
<b>10</b>	Enter 7.9% (0.079) of amount on line 9. This is gross tax . . . . .	<b>10</b>	_____	<b>.00</b>
<b>11</b>	Nonrefundable credits (from Schedule CR) . . . . .	<b>11</b>	_____	<b>.00</b>
<b>12</b>	Relocated business credit. If qualified, subtract line 11 from line 10. If not qualified, enter 0. . . . . Check here if claimed <input type="checkbox"/>	<b>12</b>	_____	<b>.00</b>
<b>13</b>	Subtract lines 11 and 12 from line 10. If lines 11 and 12 are greater than line 10, enter zero (0). This is net tax . . . . .	<b>13</b>	_____	<b>.00</b>

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

<b>14</b>	Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	<b>14</b>	_____	<b>.00</b>
<b>15</b>	Additions (from Schedule T1, line 10 on page 3) . . . . .	<b>15</b>	_____	<b>.00</b>
<b>16</b>	Add lines 14 and 15 . . . . .	<b>16</b>	_____	<b>.00</b>
<b>17</b>	Subtractions (from Schedule T2, line 8 on page 3) . . . . .	<b>17</b>	_____	<b>.00</b>

DO NOT STAPLE OR BIND



PAPER CLIP check or money order here

<b>18</b>	Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income . . . . .	<b>18</b>	<u>                    </u>	<b>.00</b>
<b>19</b>	Tax from tax table on amount on line 18. This is gross tax . . . . .	<b>19</b>	<u>                    </u>	<b>.00</b>
<b>20</b>	Nonrefundable credits (from Schedule CR) . . . . .	<b>20</b>	<u>                    </u>	<b>.00</b>
<b>21</b>	Net income tax paid to other states . . . . .	<b>21</b>	<u>                    </u>	<b>.00</b>
<b>22</b>	Add lines 20 and 21 . . . . .	<b>22</b>	<u>                    </u>	<b>.00</b>
<b>23</b>	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax . . .	<b>23</b>	<u>                    </u>	<b>.00</b>
<b>24</b>	Tax from line 13 or 23 . . . . .	<b>24</b>	<u>                    </u>	<b>.00</b>
<b>25</b>	Economic development surcharge (see instructions) . . . . .	<b>25</b>	<u>                    </u>	<b>.00</b>
<b>26</b>	Endangered resources donation (decreases refund or increases amount owed). . . . . 	<b>26</b>	<u>                    </u>	<b>.00</b>
<b>27</b>	Veterans trust fund donation (decreases refund or increases amount owed). . . . . 	<b>27</b>	<u>                    </u>	<b>.00</b>
<b>28</b>	Add lines 24 through 27 . . . . .	<b>28</b>	<u>                    </u>	<b>.00</b>
<b>29</b>	Estimated tax payments less refund from Form 4466W. . . . .	<b>29</b>	<u>                    </u>	<b>.00</b>
<b>30</b>	Wisconsin tax withheld. . . . .	<b>30</b>	<u>                    </u>	<b>.00</b>
<b>31</b>	Refundable credits (from Schedule CR) . . . . .	<b>31</b>	<u>                    </u>	<b>.00</b>
<b>32</b>	Amended Return Only – amount previously paid . . . . .	<b>32</b>	<u>                    </u>	<b>.00</b>
<b>33</b>	Add lines 29 through 32 . . . . .	<b>33</b>	<u>                    </u>	<b>.00</b>
<b>34</b>	Amended Return Only – amount previously refunded . . . . .	<b>34</b>	<u>                    </u>	<b>.00</b>
<b>35</b>	Subtract line 34 from 33 . . . . .	<b>35</b>	<u>                    </u>	<b>.00</b>
<b>36</b>	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow . . . . . 	<b>36</b>	<u>                    </u>	<b>.00</b>
<b>37</b>	<b>Tax due.</b> If the total of lines 28 and 36 is larger than line 35, subtract line 35 from the total of lines 28 and 36. . . . .	<b>37</b>	<u>                    </u>	<b>.00</b>
<b>38</b>	<b>Overpayment.</b> If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35 . . . . .	<b>38</b>	<u>                    </u>	<b>.00</b>
<b>39</b>	Enter amount of line 38 you want credited on 2014 estimated tax . . . . .	<b>39</b>	<u>                    </u>	<b>.00</b>
<b>40</b>	Subtract line 39 from line 38. <b>This is your refund</b> . . . . .	<b>40</b>	<u>                    </u>	<b>.00</b>
<b>41</b>	Enter total gross receipts from all unrelated trade or business activities . . . . .	<b>41</b>	<u>                    </u>	<b>.00</b>

**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, attach a list of the names and federal EINs of your solely owned LLCs. 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: \_\_\_\_\_

*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



**Schedule T1 – Trust Additions** (See instructions)

1	Interest income (less related expenses) from state and municipal obligations . . . . .	1	_____
2	State and local franchise or income taxes . . . . .	2	_____
3	Capital gain/loss adjustment . . . . .	3	_____
4	Federal net operating loss carryover . . . . .	4	_____
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	5	_____
6	Domestic production activities deduction . . . . .	6	_____
7	Transitional adjustments . . . . .	7	_____
8	Credits computed (see instructions for list of applicable credits) . . . . .	8	_____
9	Other: _____	9	_____
	_____		_____
	_____		_____
10	Total (enter on page 1, line 15) . . . . .	10	=====

**Schedule T2 – Trust Subtractions** (See instructions)

1	Interest income (less related expenses) from United States government obligations . . . . .	1	_____
2	Capital gain/loss adjustment . . . . .	2	_____
3	Wisconsin net operating loss carryforward . . . . .	3	_____
4	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	4	_____
5	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	5	_____
6	Transitional adjustments . . . . .	6	_____
7	Other: _____	7	_____
	_____		_____
	_____		_____
	_____		_____
8	Total (enter on page 1, line 17) . . . . .	8	=====