1997	Transfers	of Capital Stock	Form	8
Name of Reporting Corporation			Mail completed Form 8 to:	
Number and Street			Wisconsin Department of F	Revenu
City	State	Zip Code	P.O. Box 8908 Madison, WI 53708-8908	
STOCK TRANSFERRED FRO	∩ M·		Due Date is March 16, 199	18
Name of Transferor	JWI.		Transferor's Social Security Number	
Number and Street			Number of Shares Transferred	
City	State	Zip Code	Par Value Per Share	
IC-091			\$ Wisconsin Department of R	
1997		of Capital Stock	Form	8
			Form	8
			Mail completed Form 8 to:	8
Name of Reporting Corporation Number and Street				8
Name of Reporting Corporation Number and Street City	Transfers	of Capital Stock	Mail completed Form 8 to: Wisconsin Department of F P.O. Box 8908	
Name of Reporting Corporation Number and Street	Transfers	of Capital Stock	Mail completed Form 8 to: Wisconsin Department of F P.O. Box 8908 Madison, WI 53708-8908	
Name of Reporting Corporation Number and Street City STOCK TRANSFERRED FROM	Transfers	of Capital Stock	Mail completed Form 8 to: Wisconsin Department of F P.O. Box 8908 Madison, WI 53708-8908 Due Date is March 16, 199	
Name of Reporting Corporation Number and Street City STOCK TRANSFERRED FROM Name of Transferor	Transfers	of Capital Stock	Mail completed Form 8 to: Wisconsin Department of F P.O. Box 8908 Madison, WI 53708-8908 Due Date is March 16, 199 Transferor's Social Security Number Number of Shares Transferred Par Value Per Share	
Name of Reporting Corporation Number and Street City STOCK TRANSFERRED FROM Name of Transferor Number and Street	Transfers State OM:	of Capital Stock Zip Code	Mail completed Form 8 to: Wisconsin Department of F P.O. Box 8908 Madison, WI 53708-8908 Due Date is March 16, 199 Transferor's Social Security Number Number of Shares Transferred	98

1997	Transfers of Capita	II Stock	
Name of Reporting Cor	rporation		
Number and Street		Mail completed Form 8 to: Wisconsin Department of Revenue P.O. Box 8908	
City	State Zip C	Madison, WI 53708-8908	
STOCK TRANSI	FERRED FROM:	Due Date is March 16, 1998	
Name of Transferor		Transferor's Social Security Number	
Number and Street		Number of Shares Transferred	
City	State Zip C	ode Par Value Per Share	
		\$	

Instructions for Form 8

Who Must File

All corporations doing business in Wisconsin must file with the Wisconsin Department of Revenue a report of transfers of capital stock made by individuals who were Wisconsin residents during the CALENDAR YEAR 1997. File Form 8 only for the Wisconsin residents who disposed of their stock and not for the persons who acquired it. Failure to file Form 8 by March 16, 1998, or filing an incorrect Form 8 due to wilful neglect may result in a penalty of \$10 for each violation.

When to File

File Form 8 by March 16, 1998, for stock transfers during calendar year 1997.

Additional Forms or Assistance

If you need more forms, call (608) 266-1961 or write to the Forms Request Office, Wisconsin Department of Revenue, P.O. Box 8903, Madison, WI 53708-8903. If you need help preparing Form 8, call (608) 266-2772 or write to the Audit Bureau, Wisconsin Department of Revenue, P.O. Box 8906, Madison, WI 53708-8906.

Specific Instructions

Enter the name and address of the reporting corporation, the name and address of the transferor, the number of shares transferred, and the par value per share. Also enter the transferor's social security number, if known.

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