

1999

Combined Wisconsin Individual Income Tax Return for Nonresident Members of Professional Athletic Teams

Form

1CNA

Due Date: April 17, 2000

Form with fields: Team Name, Federal Employer ID Number, Wisconsin Employer ID (Withholding) Number, Number and Street, City, State, Zip Code, Person to Contact Regarding This Return, Telephone Number, Fax Number.

Instructions:

Complete this form on behalf of the qualifying and participating nonresident team members who derive income from services performed in Wisconsin. All requirements stated in the instructions to this form must be met in order to file a combined individual income tax return.

Schedule 1 Tax Computation

Table with 7 rows for tax computation: 1 Wisconsin compensation of qualifying and participating nonresident team members from Schedule 2, column H; 2 Tax from Schedule 2, column K; 3 Wisconsin tax withheld from Schedule 2, column L; 4 If line 3 is less than line 2, subtract line 3 from line 2 and enter tax due; 5 If line 3 is more than line 2, subtract line 2 from line 3 and enter overpayment; 6 Amount of line 5 to be applied to 2000 estimated tax; 7 Amount of line 5 to be refunded to team.

SIGNATURES section with declaration: I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this team has a power of attorney or other written authorization from each qualifying and participating nonresident team member to file this combined return on the member's behalf. Fields for Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Address, Date.

MAILING section: Attach a copy of the participating team members' wage statements. Also attach a copy of any application for an extension of time to file the return. Make check payable to and mail return to: Wisconsin Department of Revenue, P.O. Box 8912, Madison, WI 53708-8912.

Schedule 2 Nonresident Team Members Qualifying and Participating in Combined Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Team Member (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) State of Legal Resi- dence	(D) Total Duty Days	(E) Wis. Duty Days	(F) Wis. % (E) ÷ (D)	(G) Total Compensa- tion	(H) Wisconsin Compensa- tion (F) x (G)	(I) Federal Adjusted Gross Income	(J) Filing Status (S, H, MFJ, MFS)	(K) Tax	(L) Wisconsin Tax Withheld	(M) Balance Due (Overpay- ment)
a.												
b.												
c.												
d.												
e.												
f.												
g.												
h.												
i.												
j.												
k.												
TOTALS (enter on appropriate line on Schedule 1)												