Form 4T	F	or 2000 or taxa		2000											
Check box if	PI	ace label		Federal Emplo	yer ID I	Numbe	r								
name or address	Exe	Exempt Organization Name								B Seller's Permit or Use Tax Number					
differs from that on last year's	Nun	nber and Stre	C	Wis. Employe	r ID (Wi	thholdi	ng) Nur	nber							
return	City			State		Zip Code	D \	Wisconsin Bu	siness A	ctivity	Code				
E Check Type of Organiz	ation Corpor	ation	Trust	F Name of	Trustee if Taxab	le as Trust	G	State and Yea	r of Inco	orporat	ion				
Check applicable boxe	s:	=	eturn - new organization return - organization dissolved		-	ge in accounting period									
Check box if this	s is an a		, attach an explanation of the changes,	and see instru	uctions										
	Org	anization	ns Taxable as Corporati	ons											
TAX	1 Unrelated business taxable income from federal Form 990-T, line 34														
COMPUTATION FOR	4	Percent to	Wisconsin from Form 4B, line	e 28 or 33				4				%			
CORPORATIONS	5		mount on line 3 by percentage					5							
(Trusts do not fill in lines 1 through 10)	6 7		n net nonapportionable unrelat lines 5 and 6. This is Wisconsi					6 7							
	8		% of amount on line 7. This is			, ,		8							
	9	•													
	10		ine 9 from line 8. If line 9 is gre					10							
	Org	anization	ns Taxable as Trusts												
	11 Unrelated business taxable income from federal Form 990-T, line 34														
TAX COMPUTATION	12	12 Additions from Schedule V, line 10													
FOR	13														
TRUSTS	14	Subtractio		14											
(Corporations do not fill in lines 11	15	Subtract li		15											
through 18)	16	Tax from t		16											
	17	Nonrefund		17											
	18		ine 17 from line 16. If line 17 is		18										
	19		line 10 or 18					19							
	20			20											
PAYMENTS	21			21											
AND	22	21 Add lines 19 and 20													
REFUNDABLE		If this is an amended return, see instructions													
CREDITS	23														
	24														
	25														
	26	Tax Due.	If the total of lines 21 and 25		26										
BALANCE DUE OR REFUND 27 Overpayment. If line 24 is larger than the total of lines 21 and 25, enter amount overpaid 27 28 Enter amount of line 27 you want credited on 2001 estimated tax 28															
	29														
RECEIPTS	30 Enter total gross receipts from all unrelated trade or business activities														
		der penaltie I to the best	any accomp	panying scl	nedule	es and	state	ments							
SIGNATURES	1		cer or Trustee	,	Title										
OIOIDAT OILE															
	Prep	parer's Signa	ture	ederal Employer ID Nu	ımber		Date								
MAILING			opy of your federal			opartment of Dover	uo DO Do	N 2000 MA	ndicon	\^/!	52700	IC-002			
WPC1 WP		e your cned	ck payable to and mail your I	eturri to: \	visconsin D	epartinent of Reven	iue, r.U. B0	R 8908	M	1, VVI	53708 T	MAN			
51	~ -	55	To Department Use Offig					"	IVI	'	'	IVIAIN			
SPCL FRC	E_	XTNN	1												

	Schedule V – Trust Additions (See instructions, page 7)		Schedule X – Nonrefundable Credits (See instructions, page 5 or 8)							
1	Interest income (less related expenses) from state and municipal obligations		Manufacturer's sales tax credit 1							
2	State and local franchise or income taxes	2	Research expense credit (corporations only)							
	Capital gain/loss adjustment	3	Research facilities credit (corporations only)							
4	Federal net operating loss carryover	4	Community development finance							
5	Transitional adjustments		credit (corporations only)							
6	Development zones credits	5	Development zones jobs credit 5							
7	Other refundable credits	6	Development zones sales tax							
8	Manufacturer's sales tax credit		credit 6							
9	Other:	7	Development zones investment credit							
		8	Development zones research credit							
		9	Development zones location credit. 9							
		10	Development zones day care							
10	Total (enter on page 1, line 12)		credit 10							
	Schedule W – Trust Subtractions	11	Development zones environmental remediation credit							
	(See instructions, page 7)	12	Development zones credit							
1	Interest income (less related expenses) from United States government obligations	13	Supplement to federal historic rehabilitation tax credit							
2	Capital gain/loss adjustment	14	Total nonrefundable credits							
3	Wisconsin net operating loss carryforward	'	(enter on page 1, line 9 or line 17) . 14							
4	Transitional adjustments	Schedule Y – Refundable Credits								
5	Other:	,	(See instructions, page 9) Farmland preservation credit							
			·							
			Farmland tax relief credit 2							
		3	Net income tax paid to other states (trusts only)							
		4	Total refundable credits							
6	Total (enter on page 1, line 14)		(enter on page 1, line 23)							
	Additional Infor	mat	tion Required							
1	Person to contact concerning this return:									
2	Location of books and records for audit purposes:		Phone # FAX # State							
3	City State Attach a list of LLCs of which you are the sole owner. Have you included the income 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 See General Instructions, page 4. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)									
5	Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? Yes No If yes, see General Instructions, page 3, and indicate years adjusted:									
6	List the locations of your Wisconsin operations:									