2000

## **Combined Wisconsin Individual and Fiduciary Income Tax Return** for Nonresident Tax-Option (S) Corporation Shareholders

Form			
1	C	N	S

Due Date: April 16, 2001

Tax-Option (S) Cor	poration Name	Federal Employer ID Number	Federal Employer ID Number				
		Wisconsin Employer ID (Withholding	Wisconsin Employer ID (Withholding) Number				
Number and Stree	t	Corporation Year Ending (Month and	orporation Year Ending (Month and Year)				
City		State	Zip Code				
Person to Contact	Regarding This Return	Telephone Number	Fax Number				
corporation th	s form on behalf of the qual	ifying and participating nonresident sh in. All requirements stated in the instru- iduciary income tax return.					
Schedule 1	Tax Computation						
1 Wisconsii nonreside	n tax-option (S) corporation inco	me (loss) of qualifying and participating 2, column D	1				
2 Tax from	Schedule 2, column G		2 <u> </u>				
		, column H					
4 Add lines	2 and 3. This is the total tax		4				

<ul><li>5 Estimated</li><li>6 If line 5 is</li></ul>	2 and 3. This is the total tax tax payments from Schedule 2, column I less than line 4, subtract line 5 from line 4	and enter <b>tax due</b>	5 6	
	more than line 4, subtract line 4 from line f line 7 to be <b>applied to 2001 estimated</b>		/	
	f line 7 to be <b>refunded</b> to corporation		9	
SIGNATURES	I have personally examined this return, including best of my knowledge and belief, a true, correw Wisconsin Statutes. I also declare that this taxeach qualifying and participating nonresident solutions.	ct, and complete report of income under th option corporation has a power of attorney	e provis or other	ions of Chapter 71 of the written authorization from
	Individual or Firm Signature of Preparer	Preparer's Address		Date
	Attach a copy of any application for an e	xtension of time to file the return.		

Don't attach a copy of federal Form 1120S, Wisconsin Form 5S, the federal Schedules K-1, or the Wisconsin Schedules 5K-1.

## **MAILING**

Make check payable to and mail return to: Wisconsin Department of Revenue

P.O. Box 8912

Madison, WI 53708-8912

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

(A)	(B)	(C)	(D)	(E)	( <b>F</b> )	( <b>G</b> )	(H)	(I)	(J)
Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	Identifying Number	Pro Rata Share (%)	Shareholder's Share of Wis. Tax-Option Corporation Income (Loss)	Federal Adjusted Gross Income	Filing Status (S, H, MFJ, MFS)	Tax	Alternative Minimum Tax	Estimated Tax Payments	Balance Due (Overpay- ment)
a.									
b.									
C.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
k.									
TOTALS (enter on appropriate line on Sch	edule 1)								