

For 2005 or taxable year beginning 2 0 0 and ending 2 0 0

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			A Federal Employer ID Number		
Number and Street			B Business Activity (NAICS) Code		
City	State	ZIP Code	C State and Year of Incorporation		
D Check box if applicable and attach explanation: 1 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Short period - change in accounting period 2 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - stock purchase or sale					
Check box if applicable and see instructions: E <input type="checkbox"/> If this is an amended return, attach an explanation of the changes. F <input type="checkbox"/> If you have an extension of time to file, enter the extended due date <u>2 0 0</u>					
G Check type of organization: 1 <input type="checkbox"/> Corporation 2 <input type="checkbox"/> Trust			H Name of Trustee if Taxable as Trust		



PAPER CLIP check or money order here

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)			
1	Unrelated business taxable income (from federal Form 990-T, line 34)	<input type="text" value="1"/>	.00
2	Total net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. b)	<input type="text" value="2"/>	.00
3	Subtract line 2 from line 1. This is apportionable unrelated business taxable income	<input type="text" value="3"/>	.00
4	Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point). If the apportionment percentage is from Form 4B-1, check box <input type="checkbox"/>	<input type="text" value="4"/>	%
5	Multiply line 3 by line 4	<input type="text" value="5"/>	.00
6	Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. a)	<input type="text" value="6"/>	.00
7	Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	<input type="text" value="7"/>	.00
8	Enter 7.9% (0.079) of amount on line 7. This is gross tax	<input type="text" value="8"/>	.00
9	Nonrefundable credits (from Schedule C1, line 18)	<input type="text" value="9"/>	.00
10	Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax	<input type="text" value="10"/>	.00
Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 18)			
11	Unrelated business taxable income (from federal Form 990-T, line 34)	<input type="text" value="11"/>	.00
12	Additions (from Schedule T1, line 13)	<input type="text" value="12"/>	.00
13	Add lines 11 and 12	<input type="text" value="13"/>	.00
14	Subtractions (from Schedule T2, line 6)	<input type="text" value="14"/>	.00
15	Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	<input type="text" value="15"/>	.00
16	Tax from tax table on amount on line 15. This is gross tax	<input type="text" value="16"/>	.00
17	Nonrefundable credits (from Schedule C1, line 18)	<input type="text" value="17"/>	.00
18	Subtract line 17 from line 16. If line 17 is greater than line 16, enter zero (0). This is net tax	<input type="text" value="18"/>	.00
19	Tax from line 10 or 18	<input type="text" value="19"/>	.00
20	Recycling surcharge (see instructions)	<input type="text" value="20"/>	.00
21	Endangered resources donation (decreases refund or increases amount owed)	<input type="text" value="21"/>	.00
22	Veterans trust fund donation (decreases refund or increases amount owed)	<input type="text" value="22"/>	.00
23	Add lines 19 through 22	<input type="text" value="23"/>	.00

24	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	24	_____	.00
25	Wisconsin tax withheld from pass-through entities	25	_____	.00
26	Refundable credits (from Schedule C2, line 4)	26	_____	.00
27	Add lines 24 through 26	27	_____	.00
28	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check box <input type="checkbox"/>	28	_____	.00
29	Tax due. If the total of lines 23 and 28 is larger than line 27, enter amount owed	29	_____	.00
30	Overpayment. If line 27 is larger than the total of lines 23 and 28, enter amount overpaid	30	_____	.00
31	Enter amount of line 30 you want credited on 2006 estimated tax 31 _____			.00
32	Subtract line 31 from line 30. This is your refund	32	_____	.00
33	Enter total gross receipts from all unrelated trade or business activities	33	_____	.00

Schedule C1 - Nonrefundable Credits (See instructions, page 7 or 9)

1	Manufacturer's sales tax credit (Sch. Z, line 13, or Sch. MS)	1	_____	.00
2	Dairy investment credit (Sch. DI, line 9)	2	_____	.00
3	Research expense credit (Sch. R, line 30) (corporations only)	3	_____	.00
4	Development zones research credit carryforward	4	_____	.00
5	Research facilities credit (Sch. R, line 34) (corporations only)	5	_____	.00
6	Community development finance credit (corporations only)	6	_____	.00
7	Development zones jobs credit carryforward	7	_____	.00
8	Development zones sales tax credit carryforward	8	_____	.00
9	Development zones investment credit (Sch. DC, line 15)	9	_____	.00
10	Development zones location credit carryforward	10	_____	.00
11	Development zone capital investment credit (Sch. DC, line 23)	11	_____	.00
12	Development zones day care credit carryforward	12	_____	.00
13	Development zones environmental remediation credit carryforward	13	_____	.00
14	Development zones credit (Sch. DC, line 7)	14	_____	.00
15	Technology zone credit (Sch. TC, line 8)	15	_____	.00
16	Early stage seed investment credit (Sch. VC, line 8)	16	_____	.00
17	Supplement to federal historic credit (Sch. HR, line 7)	17	_____	.00
18	Add lines 1 through 17 (enter on page 1, line 9 or line 17)	18	_____	.00

Schedule C2 - Refundable Credits (See instructions, page 11)

1	Farmland preservation credit (Sch. FC, line 18)	1	_____	.00
2	Farmland tax relief credit (Sch. FT, line 6)	2	_____	.00
3	Net income tax paid to other states (trusts only)	3	_____	.00
4	Add lines 1 through 3 (enter on line 26 above)	4	_____	.00



Schedule T1 – Trust Additions
(See instructions, page 8)

- 1 Interest income (less related expenses) from state and municipal obligations . . . _____
- 2 State and local franchise or income taxes _____
- 3 Capital gain/loss adjustment _____
- 4 Federal net operating loss carryover . . . _____
- 5 Transitional adjustments _____
- 6 Manufacturer's sales tax credit _____
- 7 Dairy investment credit _____
- 8 Technology zones credit _____
- 9 Development zones credits _____
- 10 Early stage seed investment credit _____
- 11 Farmland credits _____
- 12 Other: _____

- 13 Total (enter on page 1, line 12) _____

Schedule T2 – Trust Subtractions
(See instructions, page 9)

- 1 Interest income (less related expenses) from United States government obligations _____
- 2 Capital gain/loss adjustment _____
- 3 Wisconsin net operating loss carryforward _____
- 4 Transitional adjustments _____
- 5 Other: _____

- 6 Total (enter on page 1, line 14) _____

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 Attach a list of your solely owned limited liability companies. 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, page 4, 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 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 4, and indicate years adjusted: _____
- 6 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

Attach a copy of your federal Form 990-T.



Make your check payable to and mail your return to: Wisconsin Department of Revenue
PO Box 8908
Madison, WI 53708-8908