



Form **41** **Wisconsin Insurance Company**
Franchise Tax Return

2005

For 2005 or taxable year beginning 2 0 0 and ending 2 0 0
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Complete form using BLACK INK **Due Date:** 15th day of 3rd month following close of taxable year.

Corporation 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 redomesticated	4 <input type="checkbox"/> Short period - stock purchase or sale

Check box if applicable and see instructions:

E If this is an amended return, attach an explanation of the changes.

F If you have an extension of time to file, enter the extended due date 2 0 0
M M D D Y Y Y Y

G If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return and annual statement.

H If you filed a federal consolidated return, enter Parent's federal EIN .

Read instructions before completing lines 1 through 15

1 Adjusted federal taxable income (from page 2, Schedule A, line 6)	1	
2 Net gain from operations, other than life insurance	2	
3 Total net gain from operations	3	
4 Divide line 2 by line 3. This is the percentage	4	_____ %
5 Multiply line 1 by line 4. This is total income other than life insurance	5	
6 Premiums written on property and risks, other than life insurance, located outside Wisconsin	6	
7 Premiums written on property and risks, other than life insurance, wherever located	7	
8 Payroll, exclusive of life insurance payroll, paid outside Wisconsin	8	
9 Payroll, exclusive of life insurance payroll, paid everywhere	9	
10 Divide line 6 by line 7. This is percent of premiums outside Wisconsin	10	_____ %
11 Divide line 8 by line 9. This is percent of payroll outside Wisconsin	11	_____ %
12 Add line 10 and line 11. This is total of premium and payroll percentages	12	_____ %
13 Divide line 12 by 2. This is average of premium and payroll percentages	13	_____ %
14 Multiply line 5 by line 13. This is total income, other than life insurance, outside Wisconsin	14	
15 Subtract line 14 from line 5. This is Wisconsin net income before net business loss offset	15	
16 Wisconsin net business loss carryforward (<i>attach schedule</i>)	16	
17 Subtract line 16 from line 15. This is Wisconsin net income	17	
18 Gross tax (see instructions). If subject to 2% maximum tax, check box <input type="checkbox"/>	18	
19 Nonrefundable credits (from Schedule C1, line 18)	19	
20 Subtract line 19 from line 18. If line 19 is more than line 18, enter zero (0). This is net tax	20	
21 Recycling surcharge (for insurance companies whose gross receipts from all activities are \$4 million or more, enter at least \$25 but not more than \$9,800 – see instructions)	21	
22 Endangered resources donation (decreases refund or increases amount owed)	22	
23 Veterans trust fund donation (decreases refund or increases amount owed)	23	
24 Add lines 20 through 23	24	
25 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	25	
26 Refundable credits (from Schedule C2, line 3)	26	
27 Add lines 25 and 26	27	
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	
29 Tax due. If the total of lines 24 and 28 is larger than line 27, enter amount owed	29	
30 Overpayment. If line 27 is larger than the total of lines 24 and 28, enter amount overpaid	30	
31 Enter amount of line 30 you want credited on 2006 estimated tax	31	
32 Subtract line 31 from line 30. This is your refund	32	
33 Enter total company gross receipts from all activities (see instructions)	33	

Schedule A – Computation of Adjusted Federal Taxable Income (See instructions, page 3)	Schedule C1 – Nonrefundable Credits
<p>1 Federal taxable income 1 _____</p> <p>2 Additions to federal taxable income:</p> <p style="padding-left: 20px;">a Loss carryforward deducted in the calculation of federal taxable income 2a _____</p> <p style="padding-left: 20px;">b Dividend income received to the extent used as a deduction in determining federal taxable income 2b _____</p> <p style="padding-left: 20px;">c Interest income that is not included in federal taxable income 2c _____</p> <p style="padding-left: 20px;">d State taxes accrued or paid 2d _____</p> <p style="padding-left: 20px;">e Extraterritorial income exclusion 2e _____</p> <p style="padding-left: 20px;">f Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (<i>attach schedule</i>) 2f _____</p> <p style="padding-left: 20px;">g Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (<i>attach schedule</i>) . . . 2g _____</p> <p style="padding-left: 20px;">h Additional deduction for insurers required to discount unpaid losses . . . 2h _____</p> <p style="padding-left: 20px;">i Other (<i>attach schedule</i>) 2i _____</p> <p>3 Add lines 1 through 2i 3 _____</p> <p>4 Subtractions from federal taxable income:</p> <p style="padding-left: 20px;">a Wisconsin dividends received deduction (<i>attach Schedule Y</i>) 4a _____</p> <p style="padding-left: 20px;">b Wisconsin depreciation/amortization in excess of federal depreciation/amortization (<i>attach schedule</i>) 4b _____</p> <p style="padding-left: 20px;">c Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (<i>attach schedule</i>) . . . 4c _____</p> <p style="padding-left: 20px;">d Other (<i>attach schedule</i>) 4d _____</p> <p>5 Add lines 4a through 4d 5 _____</p> <p>6 Subtract line 5 from line 3. This is adjusted federal taxable income (enter on page 1, line 1) 6 _____</p>	<p>1 Manufacturer's sales tax credit (Sch. Z, line 13) 1 _____</p> <p>2 Dairy investment credit (Sch. DI, line 9) . . . 2 _____</p> <p>3 Research expense credit (Sch. R, line 30) 3 _____</p> <p>4 Development zones research credit carryforward 4 _____</p> <p>5 Research facilities credit (Sch. R, line 34) 5 _____</p> <p>6 Community development finance credit . . . 6 _____</p> <p>7 Development zones jobs credit carryforward 7 _____</p> <p>8 Development zones sales tax credit carryforward 8 _____</p> <p>9 Development zones investment credit (Sch. DC, line 15) 9 _____</p> <p>10 Development zones location credit carryforward 10 _____</p> <p>11 Development zone capital investment credit (Sch. DC, line 23) 11 _____</p> <p>12 Development zones day care credit carryforward 12 _____</p> <p>13 Development zones environmental remediation credit carryforward 13 _____</p> <p>14 Development zones credit (Sch. DC, line 7) 14 _____</p> <p>15 Technology zone credit (Sch. TC, line 8) 15 _____</p> <p>16 Early stage seed investment credit (Sch. VC, line 8) 16 _____</p> <p>17 Supplement to federal historic credit (Sch. HR, line 7) 17 _____</p> <p>18 Add lines 1 through 17 (enter on page 1, line 19) 18 _____</p>
	<p>Schedule C2 – Refundable Credits</p>
	<p>1 Farmland preservation credit (Sch. FC, line 18) 1 _____</p> <p>2 Farmland tax relief credit (Sch. FT, line 6) 2 _____</p> <p>3 Add lines 1 and 2 (enter on page 1, line 26) 3 _____</p>

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 **a** Attach a list of corporations in which you own, directly or indirectly, 50% or more of the outstanding voting stock.
b Have the incomes of these affiliated corporations been included in this return? Yes No
- 5 **a** Attach a list of corporations, individuals, partnerships, trusts, or associations which own 50% or more of your outstanding voting stock.
b Have the incomes of these organizations been included in this return? Yes No
- 6 If your corporation has been involved in any reorganization during the period covered by this return, attach a detailed explanation.
- 7 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 owe Wisconsin use tax. See instructions, page 2, for how to report use tax.
- 8 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 2, and indicate years adjusted: _____

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	Title	Date
▶		
Preparer's Signature	Preparer's Federal Employer ID Number	Date
▶		

Attach a copy of your federal return, related schedules, and annual statement.

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