Form

1CNS

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

2015

		Chack (V) if this is an	_ Check (✓) if this is a	Corpo	ration						
	Due Date: April 18, 2	Check (✓) if this is an 016 AMENDED return	final return	Year E	ndina						
	Complete form using BLACK INK.										
LE OR BIND	Tax-Option (S) Corporation	Federal Employ	Employer ID Number								
	Number and Street				Suite N	Number					
STAPLE	City			State	Zip (+	4 digit suffix if known)					
DO NOT	Person to Contact Regardi	ng This Return	Telepho	ne Number	Fax Nu	ımber					
	■ Number of shareholders included in this return.										
	Caution: Only qualifying shareholders may be included in this return. See instructions for details.										
	ENTER NE	GATIVE NUMBERS LIKE THIS → -1000 N	OT LIKE THIS →(10	00)	NO COM	MAS; <u>NO</u> CENTS					
	Schedule 1 T	ax Computation									
		otion (S) corporation income (loss) of qualifyin			1	.00.					
		ule 2, column G				.00					
	3 Alternative minir		.00.								
	4 Add lines 2 and		.00								
	<u>5</u> Wisconsin tax w			.00							
	6 Amended Return		.00.								
	_	6				.00					
		n Only – amount previously refunded				.00.					
	_	rom 7				9 .00					
	_	nan line 4, subtract line 9 from line 4 and enter									
	11 If line 9 is more	than line 4, subtract line 4 from line 9 and entering to be refunded to corporation	er overpayment .			.00.					
		application for a federal extension of time to file				Form 5S, Wisconsir					
	Form PW-1, the feder	Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.									
	Third Do you Party Print Designee Name	want to allow another person to discuss this return with the ee's	the department? Phone Number — — — —	Yes Complet		L No fication Number (PIN) ▼					
	SIGNATURES	I have personally examined this return, including best of my knowledge and belief, a true, correct, Wisconsin Statutes. I also declare that this tax-op each qualifying and participating nonresident sha Signature of Authorized Officer	, and complete report of otion corporation has a p	f income unde oower of attorn	r the provisior ey or other wr	ns of Chapter 71 of the itten authorization from					
		Individual or Firm Signature of Preparer	Preparer's Federal Em	ployer ID Numbe	PΓ	Date					
	IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to:	Wisconsin Depart PO Box 8991 Madison WI 5370		enue						

Schedule 2 Nonresident Shareho	olders Qualify	ing and	l Participating i	in Composite	Return	(Attach a se	parate sched	ule, if necess	ary.)
(A)	(B)	(C)	(D1) Shareholder's Share of WI Net Income (Loss)	(E) Federal Adjusted	(F) Filing Status	(G) Tax From	(H)	(I) Tax	(J) Balance
Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	Social Security Number	Rata Share (%)	(D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)	Gross Income From Form 1040	(S, H, MFJ, MFS)	Worksheet or 7.65% of (D1)	Alternative Minimum Tax	Withheld from Form PW-1	Due (Overpay- ment)
a.			D1 D2						
b.			D1 D2						
C.			D1						
			D2						
d.			D1 D2						
e.			D1 D2						
f.			D1						
			D2						
g.			D1 D2						
h.			D1 D2						
i.			D1						
			D2						
j.			D1 D2						
k.			D1 D2						
TOTALS (enter on appropriate line on So	D1 total only								