

2015 Form 6Y - Wisconsin Modification for Dividends

Designated Agent Name	Federal Employer ID Number
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Corporation Name: _____
 FEIN: - - - - - - - - -

Combined
Totals

Name of Payer Corporation



1a	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1a	.00	.00	.00	1a	.00
_____ Name of Payer Corporation								
1b	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1b	.00	.00	.00	1b	.00
_____ Name of Payer Corporation								
1c	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1c	.00	.00	.00	1c	.00
_____ Name of Payer Corporation								
1d	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1d	.00	.00	.00	1d	.00
_____ Name of Payer Corporation								
1e	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1e	.00	.00	.00	1e	.00
_____ Name of Payer Corporation								
1f	Date Acquired by Payee _____ M M D D Y Y Y Y	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1f	.00	.00	.00	1f	.00
_____ Name of Payer Corporation								
1g	Add lines 1a through 1f			1g	.00	.00	1g	.00
1h	Total of line 1g from additional Forms 6Y (see instructions)			1h	.00	.00	1h	.00
2	Add lines 1g and 1h.			2	.00	.00	2	.00
3	Enter foreign taxes paid on dividends included on line 2			3	.00	.00	3	.00
4	Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a			4	.00	.00	4	.00