Schedule 4Y

Wisconsin Subtraction Modification for Dividends

File with Wisconsin Form 4

2015

Federal Employer ID Number

Wisconsin Department of Revenue

Corporation Name

Read instructions before filling in this schedule

Dividends Received Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ Name of Payee Corporation Payee's Ownership of Payer (check (√) one) .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}} \overline{\mathsf{M}} \overline{\mathsf{D}} \overline{\mathsf{D}} \overline{\mathsf{Y}} \overline{\mathsf{Y}} \overline{\mathsf{Y}} \overline{\mathsf{Y}}$ 1b Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 50% but < or = 70% _____ 1b ____ .00 Name of Payer Corporation Date Acquired by Payee MMDDYYYY 1c Name of Payee Corporation Payee's Ownership of Payer (check ($\sqrt{}$) one) ____ > 70% .00 Name of Payer Corporation Date Acquired by Payee 1d Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 70% ____ > 50% but < or = 70% _____ **1d** _____ .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}} \overline{\mathsf{M}} \overline{\mathsf{D}} \overline{\mathsf{D}} \overline{\mathsf{V}} \overline{\mathsf{V}} \overline{\mathsf{V}} \overline{\mathsf{V}} \overline{\mathsf{V}}$ Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 50% but < or = 70% ____ **1e** ____ .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 70% ____ > 50% but < or = 70% _____ **1f** _____ .00 .00 .00 .00 2 .00 .00

