FORM CU

## **WISCONSIN**

## **Credit Union Declaration of Exempt Status**

Name of Credit Union						
Number and Street		City		State	Zip Code	
For Income Year					Year of Incorporation	
Federal Employer I.D. Number	Wis. Employer I.D. (Withholding)	Iding) Number Seller's Permit or U		Jse Tax Number		
	INSTRUCTION	s	1			
Purpose of Form CU						
Credit unions which are exempt from file Form CU instead of filing a Wisco not file a corporation tax return (Fo of Revenue or unless in a subsequence	onsin corporation franchise or incorrs 4) or Form CU for any subsequ	me tax retui ient year un	rn, Form 4. Therea dess requested to	fter, the	credit union need	
<b>Note:</b> Credit unions that do not der taxable income, as computed under			om the Wisconsin	tax on u	nrelated business	
When to File						
Form CU must be filed on or befor	e March 15 of the year following th	ne income y	ear for which the	return is	s filed.	
Where to File						
Mail Form CU to the Wisconsin De	epartment of Revenue, Post Office	Box 8908,	Madison, Wiscon	sin 537	08-8908.	
	DECLARATIO	N				
I, the undersigned authorized office above named credit union had no Wisconsin franchise or income tax funds.  SIGN HERE	deposits of public funds during the return must be filed for any future	ne income y	ear shown above	e and I	understand that a	
·	Title			Dat	e	