

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

2007

For 2007 or taxable year beginning and ending

Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.

DO NOT STAPLE OR BIND


Exempt Organization Name			A Federal Employer ID Number	
Number and Street			B Business Activity (NAICS) Code	
City	State	ZIP (+ 4 digit suffix if known)	C State of Organization and Year	
D Check <input checked="" type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> First return - new organization or entering Wisconsin 3 <input type="checkbox"/> Short period - change in accounting period 2 <input type="checkbox"/> Final return - organization dissolved or withdrew 4 <input type="checkbox"/> Short period - stock purchase or sale			<input type="checkbox"/> Enter abbreviation of state in box, or if a foreign country, enter below.	
Check <input checked="" type="checkbox"/> if applicable and see instructions: E <input type="checkbox"/> If this is an amended return, attach an explanation of the changes. F <input type="checkbox"/> If you have an extension of time to file, enter the extended due date <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>				
G Check <input checked="" type="checkbox"/> type of organization: 1 <input type="checkbox"/> Corporation 2 <input type="checkbox"/> Trust - due 4th month 3 <input type="checkbox"/> Trust - due 5th month			H Name of Trustee if Taxable as Trust	



ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

PAPER CLIP check or money order here

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 10)	1	.00
1 Unrelated business taxable income (from federal Form 990-T, line 34)	1	.00
2 Total net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. b)	2	.00
3 Subtract line 2 from line 1. This is apportionable unrelated business taxable income	3	.00
4 Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point). If the apportionment percentage is from Form 4B-1, check box <input type="checkbox"/>	4 %
5 Multiply line 3 by line 4	5	.00
6 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4B, line 5, col. a)	6	.00
7 Combine lines 5 and 6. This is Wisconsin unrelated business taxable income (loss)	7	.00
8 Enter 7.9% (0.079) of amount on line 7. This is gross tax	8	.00
9 Nonrefundable credits (from Schedule C1, line 23)	9	.00
10 Subtract line 9 from line 8. If line 9 is greater than line 8, enter zero (0). This is net tax	10	.00
Organizations Taxable as Trusts (Corporations do not fill in lines 11 through 20)	11	.00
11 Unrelated business taxable income (from federal Form 990-T, line 34)	11	.00
12 Additions (from Schedule T1, line 14)	12	.00
13 Add lines 11 and 12	13	.00
14 Subtractions (from Schedule T2, line 7)	14	.00
15 Subtract line 14 from line 13. This is Wisconsin unrelated business taxable income	15	.00
16 Tax from tax table on amount on line 15. This is gross tax	16	.00
17 Nonrefundable credits (from Schedule C1, line 23)	17	.00
18 Net income tax paid to other states	18	.00
19 Add lines 17 and 18	19	.00
20 Subtract line 19 from line 16. If line 19 is greater than line 16, enter zero (0). This is net tax	20	.00
21 Tax from line 10 or 20	21	.00
22 Recycling surcharge (see instructions)	22	.00
23 Endangered resources donation (decreases refund or increases amount owed)	23	.00

24	Veterans trust fund donation (decreases refund or increases amount owed) . . . 	24	_____	.00
25	Add lines 21 through 24	25	_____	.00
26	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	26	_____	.00
27	Wisconsin tax withheld	27	_____	.00
28	Refundable credits (from Schedule C2, line 5)	28	_____	.00
29	Add lines 26 through 28	29	_____	.00
30	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"/>	30	_____	.00
31	Tax due. If the total of lines 25 and 30 is larger than line 29, enter amount owed	31	_____	.00
32	Overpayment. If line 29 is larger than the total of lines 25 and 30, enter amount overpaid	32	_____	.00
33	Enter amount of line 32 you want credited on 2008 estimated tax 33	33	_____	.00
34	Subtract line 33 from line 32. This is your refund	34	_____	.00
35	Enter total gross receipts from all unrelated trade or business activities	35	_____	.00

Schedule C1 - Nonrefundable Credits (See instructions, page 7 or 9)

1	Manufacturer's sales tax credit carryforward (Sch. MS, line 5 or 7)	1	_____	.00
2	Dairy and livestock farm investment credit (Sch. DI, line 9)	2	_____	.00
3	Research expense credit (Sch. R, line 30) (corporations only)	3	_____	.00
4	Research expense credit for activities related to internal combustion engines (Sch. R-1, line 29)	4	_____	.00
5	Research expense credit for activities related to certain energy efficient products (Sch. R-2, line 29)	5	_____	.00
6	Development zones research credit carryforward	6	_____	.00
7	Research facilities credit (Sch. R, line 34) (corporations only)	7	_____	.00
8	Research facilities credit for activities related to internal combustion engines (Sch. R-1, line 33)	8	_____	.00
9	Research facilities credit for activities related to certain energy efficient products (Sch. R-2, line 33)	9	_____	.00
10	Community development finance credit (corporations only)	10	_____	.00
11	Development zones jobs credit carryforward	11	_____	.00
12	Development zones sales tax credit carryforward	12	_____	.00
13	Development zones investment credit (Sch. DC, line 15)	13	_____	.00
14	Development zones location credit carryforward	14	_____	.00
15	Development zone capital investment credit (Sch. DC, line 23)	15	_____	.00
16	Development zones day care credit carryforward	16	_____	.00
17	Development zones environmental remediation credit carryforward	17	_____	.00
18	Development zones credit (Sch. DC, line 7)	18	_____	.00
19	Technology zone credit (Sch. TC, line 8)	19	_____	.00
20	Early stage seed investment credit (Sch. VC, line 12)	20	_____	.00
21	Supplement to federal historic credit (Sch. HR, line 7)	21	_____	.00
22	Internet equipment credit (Sch. IE, line 3)	22	_____	.00
23	Add lines 1 through 22 (enter on page 1, line 9 or line 17)	23	_____	.00



Schedule C2 - Refundable Credits (See instructions, page 11)

1 Farmland preservation credit (Sch. FC, line 18)	1	.00
2 Farmland tax relief credit (Sch. FT, line 6)	2	.00
3 Enterprise zone jobs credit (Sch. EC, line 16)	3	.00
4 Dairy manufacturing facility investment credit (Sch. DM, line 6)	4	.00
5 Add lines 1 through 4 (enter on page 2, line 28)	5	.00

Schedule T1 – Trust Additions
(See instructions, page 9)

1 Interest income (less related expenses) from state and municipal obligations ..	_____
2 State and local franchise or income taxes	_____
3 Capital gain/loss adjustment	_____
4 Federal net operating loss carryover ..	_____
5 Transitional adjustments	_____
6 Dairy and livestock farm investment credit	_____
7 Technology zones credit	_____
8 Development zones credits	_____
9 Internet equipment credit	_____
10 Farmland credits	_____
11 Enterprise zone jobs credit	_____
12 Dairy manufacturing facility investment credit	_____
13 Other: _____	_____
_____	_____
_____	_____
14 Total (enter on page 1, line 12)	=====

Schedule T2 – Trust Subtractions
(See instructions, page 9)

1 Interest income (less related expenses) from United States government obligations	_____
2 Capital gain/loss adjustment	_____
3 Wisconsin net operating loss carryforward	_____
4 Transitional adjustments	_____
5 Manufacturer's sales tax credit carryforward (see instructions)	_____
6 Other: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
7 Total (enter on page 1, line 14)	=====

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 Are you the sole owner of any limited liability companies (LLCs)? Yes No If yes, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes of these entities in this return? Yes No
- 4 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 may owe Wisconsin use tax. See instructions, page 4, for how to report use tax. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)
- 5 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 4, and indicate years adjusted: _____
- 6 List the locations of your Wisconsin operations: _____

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 or Trustee	Title	Date
Preparer's Signature	Preparer's Federal Employer ID Number	Date

Attach a copy of your federal Form 990-T.

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

