



Form

**41 Wisconsin Insurance Company**  
Franchise Tax Return**2007**For 2007 or taxable year beginning                                         and ending                                        **Complete form using BLACK INK.****Due Date:** 15th day of 3rd month following close of taxable year.

DO NOT STAPLE OR BIND

Corporation 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 Incorporation and Year
<b>D Check <input checked="" type="checkbox"/> if applicable and attach explanation:</b> 1 <input type="checkbox"/> First return - new corporation or entering Wisconsin      3 <input type="checkbox"/> Short period - change in accounting period 2 <input type="checkbox"/> Final return - corporation 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  if applicable and see instructions:**E  If this is an amended return, attach an explanation of the changes.F  If you have an extension of time to file, enter the extended due date                                        G  If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return and annual statement.H  If you filed a federal consolidated return, enter Parent Company's federal employer ID number . . . . .**ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)****NO COMMAS; NO CENTS**

1	Federal taxable income from federal return . . . . .	1	<u>                    </u>	.00
2	Additions (from Schedule 1, line 6) . . . . .	2	<u>                    </u>	.00
3	Add lines 1 and 2 . . . . .	3	<u>                    </u>	.00
4	Subtractions (from Schedule 2, line 3) . . . . .	4	<u>                    </u>	.00
5	Subtract line 4 from line 3. If the insurer writes life and nonlife premiums, check here <input type="checkbox"/> and fill in lines 6 through 9. Otherwise, enter the amount from line 5 on line 9 . . . . .	5	<u>                    </u>	.00
6	Net gain from operations, other than life insurance . . . . . 6		<u>                    </u>	.00
7	Total net gain from operations . . . . . 7		<u>                    </u>	.00
8	Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point) . . . . .	8	<u>          .          </u>	%
9	Multiply line 5 by line 8. This is the total income other than life insurance income . . . . .	9	<u>                    </u>	.00
10	Wisconsin apportionment percentage from Schedule 3, line 11 (carry to 4 places to the right of the decimal point) . . . . .	10	<u>          .          </u>	%
11	Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset . . . . .	11	<u>                    </u>	.00
12	Wisconsin net business loss carryforward (attach schedule) . . . . .	12	<u>                    </u>	.00
13	Subtract line 12 from line 11. This is Wisconsin apportionable net income . . . . .	13	<u>                    </u>	.00
14	Gross tax (see instructions). If subject to 2% maximum tax, check here <input type="checkbox"/> . . . . .	14	<u>                    </u>	.00
15	Multiply the amount on Schedule 2, line 2, by 7.9% (0.079) and enter the result . . . . .	15	<u>                    </u>	.00
16	Add lines 14 and 15. This is the total tax . . . . .	16	<u>                    </u>	.00
17	Nonrefundable credits (from Schedule C1, line 23) . . . . .	17	<u>                    </u>	.00
18	Subtract line 17 from line 16. If line 17 is more than line 16, enter zero (0). This is net tax . . . . .	18	<u>                    </u>	.00
19	Recycling surcharge (see instructions) . . . . .	19	<u>                    </u>	.00
20	Endangered resources donation (decreases refund or increases amount owed) . . . . .	20	<u>                    </u>	.00
21	Veterans trust fund donation (decreases refund or increases amount owed) . . . . .	21	<u>                    </u>	.00
22	Add lines 18 through 21 . . . . .	22	<u>                    </u>	.00
23	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions . . . . .	23	<u>                    </u>	.00
24	Wisconsin tax withheld . . . . .	24	<u>                    </u>	.00
25	Refundable credits (from Schedule C2, line 5) . . . . .	25	<u>                    </u>	.00
26	Add lines 23 through 25 . . . . .	26	<u>                    </u>	.00

<b>27</b> 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"/>	<b>27</b> _____	.00
<b>28 Tax due.</b> If the total of lines 22 and 27 is larger than line 26, enter amount owed	<b>28</b> _____	.00
<b>29 Overpayment.</b> If line 26 is larger than the total of lines 22 and 27, enter amount overpaid	<b>29</b> _____	.00
<b>30</b> Enter amount of line 29 you want credited on 2008 estimated tax	<b>30</b> _____	.00
<b>31</b> Subtract line 30 from line 29. <b>This is your refund</b>	<b>31</b> _____	.00
<b>32</b> Enter total company gross receipts from all activities (see instructions)	<b>32</b> _____	.00

**Schedule C1 - Nonrefundable Credits** (See instructions, page 6)

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

**Schedule C2 - Refundable Credits** (See instructions, page 8)

<b>1</b> Farmland preservation credit (Sch. FC, line 18)	<b>1</b> _____	.00
<b>2</b> Farmland tax relief credit (Sch. FT, line 6)	<b>2</b> _____	.00
<b>3</b> Enterprise zone jobs credit (Sch. EC, line 16)	<b>3</b> _____	.00
<b>4</b> Dairy manufacturing facility investment credit (Sch. DM, line 6)	<b>4</b> _____	.00
<b>5</b> Add lines 1 through 4 (enter on page 1, line 25)	<b>5</b> _____	.00



**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 Do you own, directly or indirectly, 50% or more of the outstanding voting stock of any corporations?  Yes  No If yes, attach a list of the names and federal EINs of these corporations. Have the incomes of these affiliated corporations been included in this return?  Yes  No
- 5 Do any corporations, individuals, partnerships, trusts, or associations own 50% or more of your outstanding voting stock?  Yes  No If yes, attach a list of the names and federal EINs of these organizations. Have the incomes of these organizations been included in this return?  Yes  No
- 6 Has your corporation been involved in any reorganization during the period covered by this return?  Yes  No If yes, attach a detailed explanation.
- 7 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 owe Wisconsin use tax. See General Instructions, page 2, for how to report use tax.
- 8 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 2, and indicate years adjusted: \_\_\_\_\_

*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 ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number ▶	Date

**Attach a copy of your federal return, related schedules, and annual statement.**

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



**Schedule 1 – Additions to Federal Taxable Income**

1	Loss carryforward deducted in the calculation of federal taxable income	1	_____	.00
2	Dividend income received to the extent used as a deduction in determining federal taxable income	2	_____	.00
3	Additions from Schedule V, line 20	3	_____	.00
4	Additional deduction for insurers required to discount unpaid losses	4	_____	.00
5	Health Insurance Risk-Sharing Plan (HIRSP) assessment credit computed	5	_____	.00
6	Total (enter on Form 41, page 1, line 2)	6	_____	.00

**Schedule 2 – Subtractions From Federal Taxable Income**

1	Subtractions from Schedule W, line 13	1	_____	.00
2	Income realized from the purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in Wisconsin	2	_____	.00
3	Total (enter on Form 41, page 1, line 4)	3	_____	.00

**Schedule 3 – Wisconsin Apportionment Percentage**

**Premiums Factor**

		(a) Wisconsin	(b) Total Company
1	Direct premiums written for insurance on property and risks, other than life insurance	1	_____
2	Assumed premiums from domestic insurance companies written for reinsurance on property and risks, other than life insurance	2	_____
3	Add lines 1 and 2. This is the total premiums	3	_____
4	Divide line 3, column a, by line 3, column b, and multiply by 100 (carry to 4 decimal places)	4	_____ %
5	Premiums factor weight	5	0.8
6	Multiply line 4 by line 5. This is the Wisconsin <b>premiums factor</b>	6	_____ %

**Payroll Factor**

		(a) Wisconsin	(b) Total Company
7	Wages, salaries, and other compensation paid to employees	7	_____
8	Divide line 7, column a, by line 7, column b, and multiply by 100 (carry to 4 decimal places)	8	_____ %
9	Payroll factor weight	9	0.2
10	Multiply line 8 by line 9. This is the Wisconsin <b>payroll factor</b>	10	_____ %
11	Add lines 6 and 10. This is the Wisconsin apportionment percentage (enter on Form 41, page 1, line 10)	11	_____ %