Form Wisconsin Insurance Company Franchise Tax Return





For	2008 or taxable year beginning ${M} = {M} = {D} = {D} = {Y} = {Y} = {Y} = {Y}$ an	nd endi	ng <u>M M D D Y Y Y</u>	- -				
Complete form using BLACK INK. Due Date: 15th day of 3rd							taxable year.	
COI	poration Name			A Federa	al Employer ID Nun	iber		
Number and Street B Busin						ness Activity (NAICS) Code		
City	Sta	ite	ZIP (+ 4 digit suffix if known)		of Incorporation	and	Year	
_				1 1	Enter abbreviation of state in box, or if a f			
	Check ✓ if applicable and attach explanation:				country, enter below			
			d - change in accounting period					
	Final return - corporation dissolved or withdrew 4 Show sck ✓ if applicable and see instructions:	rt perio	d - stock purchase or sale					
	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	·	\overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y}					
G	If no business was transacted in Wisconsin during the taxable year,	attach	a complete copy of your federal	return and	l annual statement.			
Η,	If you filed a federal consolidated return, enter Parent Company's fe	ederal e	mployer ID number				·	
Ι,	If you have related entity expenses and are required to file Schedule	e RT wi	th this return.					
	ENTER NEGATIVE NUMBERS LIKE THIS $ ightarrow$ -100	00	NOT LIKE THIS → (100	0)	NO COM	MAS; <u>N</u>	O CENTS	
1	Federal taxable income from federal return				1		. 00	
2	Additions (from page 3, Schedule 1, line 5)				2		<u>.00</u>	
3	Add lines 1 and 2				3		. 00	
4	Subtractions (from page 3, Schedule 2, line 3)				4		. 00	
5	Subtract line 4 from line 3. If the insurer writes life and no and fill in lines 6 through 9. Otherwise, enter the amount				5		. 00	
6	Net gain from operations, other than life insurance	. 6		. 00				
7	Total net gain from operations	. 7		. 00				
8	Divide line 6 by line 7 and multiply by 100 (carry to 4 place	ces to	the right of the decimal poi	int)	8	_•	%	
9	Multiply line 5 by line 8. This is the total income other that	an life	insurance income		9			
10	Wisconsin apportionment percentage from page 3, Scheright of the decimal point)				10		%	
11	Multiply line 9 by line 10. This is Wisconsin income (loss				11			
	Wisconsin net business loss carryforward (attach schedu	•			12		. 00	
	Subtract line 12 from line 11. This is Wisconsin apportion	-			13		■ 00	
_	Gross tax (see instructions). If subject to 2% maximum to				14			
	Multiply the amount on Schedule 2, line 2, by 7.9% (0.07				15			
	Add lines 14 and 15. This is the total tax	•			16			
	Nonrefundable credits (from Schedule CR, line 33)				17			
	Subtract line 17 from line 16. If line 17 is more than line				18			
	Recycling surcharge (see instructions)				19			
20					20			
21			4		21			
	Add lines 18 through 21				22			
	Estimated tax payments less refund from Form 4466W.						<u> </u>	
	If this is an amended return, see instructions	23		. 00				
<u>24</u>	Wisconsin tax withheld			. 00				
	Refundable credits (from Schedule CR, line 37)			. 00				
	Add lines 23 through 25				26		•00	

Page 2 of 3 2008 Form 41 **27** Interest, penalty, and late fee due (from Form 4U, line 17 or 26). .00 .00 .00 Overpayment. If line 26 is larger than the total of lines 22 and 27, enter amount overpaid.... 29 Enter amount of line 29 you want credited on 2009 estimated tax 30 .00 .00 If the corporation paid, accrued, or incurred more than \$100,000 of expenses to a related entity, the corporation must file Schedule RT with this return. Under Wisconsin law, certain related entity expenses may not be allowable unless disclosed on Schedule RT on a timely filed return. See instructions for details. On line 33, enter total related entity .00 .00 34a Total Wisconsin payroll (see instructions)..... .00 **Additional Information Required 1** Person to contact concerning this return: **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? 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 5 Do any corporations, individuals, partnerships, trusts, or associations own 50% or more of your outstanding voting stock? 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? 6 Has your corporation been involved in any reorganization during the period covered by this return? 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? If yes, you owe Wisconsin use tax. See instructions 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? If yes, see instructions 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

You must file a copy of your federal return, related schedules, and annual statement with your Form 4l.

Make your check payable to and mail your return to:

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2008 Form 4I Page **3 of 3**

Scl	nedule 1 – Additions to Federal Taxable Income					
1	Loss carryforward deducted in the calculation of federal taxa	1 _	.00			
2	Dividend income received to the extent used as a deduction taxable income	2	. 00			
3	Additions from Schedule V, line 12				.00	
4	Additional deduction for insurers required to discount unpaid losses					
5	Total (enter on Form 4I, page 1, line 2)	5				
Scl	nedule 2 – Subtractions From Federal Taxable Income					
1	Subtractions from Schedule W, line 16				•00	
2	Income realized from the purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in Wisconsin				.00	
3	Total (enter on Form 4I, page 1, line 4)			3 _	.00	
Scl	nedule 3 – Wisconsin Apportionment Percentage		(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					
4	Divide line 3, column a, by line 3, column b, and multiply by 100 (carry to 4 decimal places). This is the Wisconsin					
	apportionment percentage	4		6		