



For 2008 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 .....  
 I  If you have related entity expenses and are required to file Schedule RT with this return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000	NOT LIKE THIS → (1000)	NO COMMAS; NO CENTS
1 Federal taxable income from federal return . . . . .	1	.00
2 Additions (from page 3, Schedule 1, line 5) . . . . .	2	.00
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 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	.00
6 Net gain from operations, other than life insurance. . . . . 6	6	.00
7 Total net gain from operations. . . . . 7	7	.00
8 Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point) . . . . .	8	. . . . . %
9 Multiply line 5 by line 8. This is the total income other than life insurance income . . . . .	9	.00
10 Wisconsin apportionment percentage from page 3, Schedule 3, line 4 (carry to 4 places to the right of the decimal point). . . . .	10	. . . . . %
11 Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset . . . . .	11	.00
12 Wisconsin net business loss carryforward (attach schedule). . . . .	12	.00
13 Subtract line 12 from line 11. This is Wisconsin apportionable net income . . . . .	13	.00
14 Gross tax (see instructions). If subject to 2% maximum tax, check here <input type="checkbox"/> . . . . .	14	.00
15 Multiply the amount on Schedule 2, line 2, by 7.9% (0.079) and enter the result . . . . .	15	.00
16 Add lines 14 and 15. This is the total tax . . . . .	16	.00
17 Nonrefundable credits (from Schedule CR, line 33). . . . .	17	.00
18 Subtract line 17 from line 16. If line 17 is more than line 16, enter zero (0). This is net tax. . . . .	18	.00
19 Recycling surcharge (see instructions) . . . . .	19	.00
20 Endangered resources donation (decreases refund or increases amount owed) . . . . .	20	.00
21 Veterans trust fund donation (decreases refund or increases amount owed) . . . . .	21	.00
22 Add lines 18 through 21 . . . . .	22	.00
23 Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions. . . . . 23	23	.00
24 Wisconsin tax withheld. . . . . 24	24	.00
25 Refundable credits (from Schedule CR, line 37) . . . . . 25	25	.00
26 Add lines 23 through 25 . . . . .	26	.00



**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 12. . . . .	3	_____	.00
4	Additional deduction for insurers required to discount unpaid losses. . . . .	4	_____	.00
5	Total (enter on Form 4I, page 1, line 2) . . . . .	5	_____	.00

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

1	Subtractions from Schedule W, line 16 . . . . .	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 4I, page 1, line 4) . . . . .	3	_____	.00

**Schedule 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. . . . .	3	_____
4	Divide line 3, column a, by line 3, column b, and multiply by 100 ( <i>carry to 4 decimal places</i> ). This is the Wisconsin apportionment percentage. . . . .	4	_____ %