

Form **4** **Wisconsin Corporation**
Franchise or Income Tax Return

2009

For 2009 or taxable year beginning and ending

Complete form using BLACK INK. **Due Date:** 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name _____

DO NOT STAPLE OR BIND

Number and Street			Suite Number				
City	State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number				
D Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale			B Business Activity (NAICS) Code C State of Incorporation and Year Enter abbreviation of state in box, or if a foreign country, enter below. <table style="border: 1px solid black; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				



- Check if applicable and see instructions:**
- E If this is a combined return. Enter number of companies included ► _____
 - 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.
 - H If you have related entity expenses and are required to file Schedule RT with this return.
 - I If this return is for an insurance company (check only if this is not a combined return).
 - J 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 If this is a combined return, enter the amount from Form 4R, line 21. If this is not a combined return, enter the amount from Form 1120, line 28.	1	_____ .00
2 Additions (from Schedule V, line 13)	2	_____ .00
3 Add lines 1 and 2	3	_____ .00
4 Subtractions (from Schedule W, line 15)	4	_____ .00
5 Subtract line 4 from line 3	5	_____ .00
6 Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	_____ .00
7 Subtract line 6 from line 5. <i>Combined groups: This is your combined unitary income.</i>	7	_____ .00
8 Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow	8	_____ %
9 Multiply line 7 by line 8	9	_____ .00
10 Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	_____ .00
11a Add lines 9 and 10	11a	_____ .00
11b <i>Combined returns only:</i> Net capital loss adjustment (from Form(s) 4M, line N)	11b	_____ .00
11c Subtract line 11b from line 11a	11c	_____ .00
11d Loss adjustment for insurance companies (from Schedule(s) 4I, line 24)	11d	_____ .00
11e Add lines 11c and 11d. This is the Wisconsin income before net business loss carryforwards	11e	_____ .00

PAPER CLIP check or money order here

11f	Enter amount from line 11e.	11f	_____	.00
12	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, line 30 for separate entity filers). Do not enter more than line 11f	12	_____	.00
13	Subtract line 12 from line 11f. This is Wisconsin net income or loss	▶ 13	_____	.00
14a	Enter 7.9% (0.079) of Wisconsin net income on line 13. This is tentative gross tax	14a	_____	.00
14b	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	14b	_____	.00
14c	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 14b from line 14a)	14c	_____	.00
15	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 40 for separate entity filers)	15	_____	.00
16	Subtract line 15 from line 14c. If line 15 is more than line 14c, enter zero (0). This is net tax.	16	_____	.00
17	Recycling surcharge (see instructions)	17	_____	.00
18	Endangered resources donation (decreases refund or increases amount owed)	 18	_____	.00
19	Veterans trust fund donation (decreases refund or increases amount owed)	 19	_____	.00
20	Add lines 16 through 19	20	_____	.00
21	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions	21	_____	.00
22	Wisconsin tax withheld (see instructions)	22	_____	.00
23	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 44 for separate entity filers)	23	_____	.00
24	Add lines 21 through 23	24	_____	.00
25	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow.	<input type="checkbox"/> ▶ 25	_____	.00
26	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	26	_____	.00
27	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid	27	_____	.00
28	Enter amount of line 27 you want credited on 2010 estimated tax 28 _____			.00
29	Subtract line 28 from line 27. This is your refund	29	_____	.00
30	Enter total gross receipts from all activities (see instructions).	30	_____	.00
31	Enter total assets from federal Form 1120	31	_____	.00
32a	Total Wisconsin tangible property (see instructions)	32a	_____	.00
32b	Total tangible property (see instructions)	32b	_____	.00
33a	Total Wisconsin payroll (see instructions)	33a	_____	.00
33b	Total payroll (see instructions)	33b	_____	.00
34a	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions)	34a	_____	.00
34b	Total sales, receipts, or premiums included in apportionment ratio (see instructions).	34b	_____	.00



35a Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?
 Yes No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.

35b Did you include the income of the LLCs listed for item 35a in this return?
 Yes No

36 Did you (or did any member of the combined group) purchase any taxable tangible personal property or taxable services for storage, use or consumption in Wisconsin without paying a state sales or use tax?
 Yes No

37 Did any adjustments made by the Internal Revenue Service to your income (or to the income of any member of the combined group) become finalized during this year?
 Yes No If yes, see instructions.

38 Person to contact concerning this return: _____
 Phone #: _____ Fax #: _____

39 City and state where books and records are located for audit purposes: _____

40 List the locations of Wisconsin operations: _____

41 Are any manufacturing facilities located in Wisconsin?
 Yes No

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 with Form 4, even if no Wisconsin activity.

If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.

If you are not filing your return electronically, make your check payable to and mail your return to:

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

