

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Read instructions before filling in this schedule

Part I: To Be Completed by Entity Which Paid, Accrued, or Incurred the Expense

Complete the information belo incurred the disallowed expen		entity to which you paid, accrued, or	
A. Identifying Information f	or Entity Which Paid, Accrue	ed, or Incurred the Expense	
Taxpayer Name:			
Taxpayer Identification Nu	mber (FEIN or SSN):		
Type of Taxpayer (check on		Individual	
	Tax-Option (S) Corporation		
	Partnership	Other (explain)	
B. Identifying Information f	or Entity to Which the Corres	sponding Income Was Reported	
Taxpayer Name:			
Taxpayer Identification Nu	mber (FEIN or SSN):		
C. Tax Year for Which Expe	nses Were Disallowed (Tax y	ear of taxpayer in item A. above)	
Taxable Year Beginning and Ending			
D. Amount of Expense Disa	llowed		
1 Disallowed Interest Expense			
2 Disallowed Rent Expense			
3 Disallowed Intangible Expense			
4 Disallowed Management Fees			
5 Total of lines 1 through 4			

Part II: To Be Completed by Entity Named in Part I, Item B.

Complete item A. below. Assuming you included the income in your Wisconsin income, you may claim a subtraction modification corresponding to the expenses disallowed in Part I, item D. for the taxable year that includes the ending date of the period stated in Part I, item C. To substantiate the subtraction modification, you must file this schedule with your Wisconsin return.

A. Reporting of Income Eligible for Subtraction Modification

Specify the line(s) of your pro forma federal income tax return where you reported the income eligible for the subtraction modification for the year you are eligible to claim the subtraction: