Form	4M
	Department evenue

File with Wisconsin Form 4



Designated Agent of Combined Group A				A Designated Agent's FEIN				
Na	ame of Combined Group Member to WI	hich This Form Applies				E	Member's FEIN	
Nu	imber and Street					C	Business Activit	y (NAICS) Code
Ci	ty		State	ZIP (+ 4 digit s	suffix if known)	D State of Inco	prporation a anter abbreviation	nd Year
E	Member's Taxable Year End	F Period Included in	This Return			of	state in box, or a foreign country,	
				MMDD		er	ter below.	
н	Was this member excluded from a com if yes, identify the applicable state(s) ar Check (✓) if this member used a Check (✓) if for the period include	nd explain on an attache multiple factor apportion	ed statement. nment formula as pro	ovided on Form 4,	A-2.		YesN	
	combined return of another group which those items were reported Check (✓) if the member is a(n): 1 _	p for items not included	n this combined retu	Irn. Enter the FEI				
к	Check (✓) if applicable:							
	1 First return - new corporation of	or entering Wisconsin	3 Joined gr	oup during year	5 Short	period - change i	n accounting meth	nod
	2 Final return - corporation disso	lved or withdrew	4 Left group	o during year	6 Short	period - stock pu	rchase or sale	
	ENTER NEGATIVE NU	JMBERS LIKE TH	IS → -1000	NOT LIKE T	THIS → (1000) <u>N</u>	O COMMAS;	NO CENTS
Pa	art I Member's Share o	of Form 4 Items						
	Line 9: Combined unitary in If this is a 100% Wisconsin	icome (= Form 4, I					L1	.00
L2	100% Wisconsin groups: Ac	djustment for curre	nt year loss offs	set (see instru	uctions)		L2	.00
М	Line 10: Wisconsin net non	-	-		-			
N	Line 11b: Net capital loss a						N	.00
0	Line 11d: Loss adjustment f			-			0	.00
Ρ	Line 12: Wisconsin net busi	-					Р	
Q	Line 14c: Gross tax (genera	ally = $7.9\% \times (lines)$	L1 + L2 + M - I	N - P). See in	structions.)		Q	.00
R	Line 15: Nonrefundable cre	dits (from Part III,	line 5 on page 2	2 of this form)				. 00
S	Line 17: Recycling surcharg of \$9,800. See instructions.	ge (if applicable, =	greater of \$25	or 3% of gros	s tax on line C	Q; maximum	S	.00
т	Line 21: If this member is no overpayments to apply to the						т	
U	Line 22: Wisconsin tax with	held (see instruction	ons)				U	_ 00
v	Line 23: Refundable credits	For each credit, Enter total refur	enter code from ndable credits o	m instructions n line V.	and amount.			
	_ C	00		•00		_ 00	V	_ 00
w	Line 30: Total company gro	oss receipts from a	Il activities (see	instructions)			W	.00
х	Line 31: Total company ass	sets from federal F	orm 1120				X	. 00
Y	Lines 32a and 33a: Wisco	onsin tangible prop	perty Y1		.00 Wisco	onsin payroll	Y2	.00

Z Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I).... Z .00

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Name of Combined Group Member	Member's FEIN

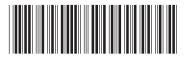
Part II Wisconsin Net Business Loss Carryforward

1	Member's portion of combined unitary income from Part I, line L1 plus line L2	1	.00
2	Member's net nonapportionable and separately apportioned income from Part I, line M	2	.00
3	Add lines 1 and 2	3	.00
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	.00
5	Subtract line 4 from line 3	5	.00
6	Member's net business loss carryforward from Form 4BL, line 30 (see instructions)	6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero. This is the amount to enter on Part I, line P.	7	.00

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.

	.00 L	. 00	
	.00 <u>.00</u>	. 00	
	<u>.00</u> <u>.00</u> <u>.</u>	. 00	.00
2	2 Enter the member's gross tax from Part I, line Q		200
3	B Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the	e member . 3	.00
4	If line 2 is less than line 1 and the remaining credit includes a research credit, enter the ar shared with other combined group members as computed on Form 4CS		400
5	Add lines 3 and 4. This is the amount to enter on Part I, line R		.00



Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1	Enter the amount of the member's combined return				.00
2	For estimated payments made by combined return, enter the date a total on line 2.				
	/ \$	/ \$	/ \$		
	// \$	/ \$	Total	2	.00
 3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21					.00
4	4 Person to contact regarding the payments reported in Part IV:				
	Name:	F	Phone:	Fax:	