J \_\_\_\_ If you filed a federal consolidated return. Enter Parent Company's federal employer

For 2010 or taxable year beginning

ID number ▶

 $\overline{M}$   $\overline{M}$   $\overline{D}$   $\overline{D}$   $\overline{C}$   $\overline{C}$   $\overline{Y}$ 

 $\overline{M}$   $\overline{M}$   $\overline{D}$   $\overline{D}$   $\overline{C}$   $\overline{C}$   $\overline{Y}$   $\overline{Y}$ 

	Complete form using BLACK INK.			Due Date: 15th da	ay of 3rd month following close of taxable year.
	Corporation or Designated Agent Name				-
STAPLE OR BIND	Number and Street				Suite Number
LE OF	City		State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number
STAP	D Check ✓ if applicable and attach explanation:				B Business Activity (NAICS) Code
DO NOT	1, Amended return	<b>4</b> Sho	ort period - cha	ange in accounting period	C State of Incorporation and Year
00	2 First return - new corporation or entering Wisconsin	<b>5</b> Sho	ort period - sto	ock purchase or sale	Enter abbreviation of state in box, or if a foreign country, enter
	3 Final return - corporation dissolved or withdrew				below.
	Check ✓ if applicable and see instructions:				<u> </u>
	E If this is a combined return. Enter number of companies in				
	F If you have an extension of time to file. Enter extended do	ue date	M D D	C C Y Y	
	G If no business was transacted in Wisconsin during the tax Attach a complete copy of your federal return.				
	H If you have related entity expenses and are required to fil				
	I If this return is for an insurance company (check only if the	nis is not a co	ombined return	n).	

	ENTER NEGATIVE NUMBERS LIKE THIS $\rightarrow$ -1000 NOT LIKE THIS $\rightarrow$ (1000)		NO COMMAS; NO CENTS
7 <sup>1</sup>	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	
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	
<u>6</u>	Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	
7	Subtract line 6 from line 5. Combined groups: This is your combined unitary income	7	
8	Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4/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	•	%
9	Multiply line 7 by line 8	9	
<u>10</u>	Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	
<u>11</u>	<u>a</u> Add lines 9 and 10	11a	00
<u>11</u>	<b>b</b> Combined returns only: Net capital loss adjustment (from Form(s) 4M, line N)	11b	
<u>11</u>	<u>c</u> Subtract line 11b from line 11a	11c	.00
<u>11</u>	<u>d</u> Loss adjustment for insurance companies (from Schedule(s) 4I, line 24)	11d	
<u>11</u>	e Add lines 11c and 11d. This is the Wisconsin income before net business loss carryforwards	11e	

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2010	FOIII 4	Page Z OI C	_
11f	Enter amount from line 11e	11f00	)
<u>12</u>	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30 for separate entity filers). Do not enter more than line 11f		)
<u>13</u>	Subtract line 12 from line 11f. This is Wisconsin net income or loss	13	)
<u>14a</u>	Enter 7.9% (0.079) of Wisconsin net income on line 13. This is tentative gross tax	14a00	<u>)</u>
<u>14b</u>	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	14b	)
<u>14c</u>	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 14b from line 14a)	14c00	)
<u>15</u>	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 45 for separate entity filers)	15	)
<u>16</u>	Subtract line 15 from line 14c. If line 15 is more than line 14c, enter zero (0). This is net tax.	16	)
<u>17</u>	Recycling surcharge (see instructions)	17	)
<u>18</u>	Endangered resources donation (decreases refund or increases amount owed)	18	)
<u>19</u>	Veterans trust fund donation (decreases refund or increases amount owed)	19	)
<u>20</u>	Add lines 16 through 19	20	<u>)</u>
<u>21</u>	Estimated tax payments less refund from Form 4466W.  If this is an amended return, see instructions		
<u>22</u>	Wisconsin tax withheld (see instructions)		
<u>23</u>	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 48 for separate entity filers)		
<u>24</u>	Add lines 21 through 23	2400	)
<u>25</u>	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	25	)
<u>26</u>	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed	2600	)
<u>27</u>	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid	2700	)
<u>28</u>	Enter amount of line 27 you want credited on 2011 estimated tax 2800	<u>)</u>	
<u>29</u>	Subtract line 28 from line 27. <b>This is your refund</b>	29	)
<u>30</u>	Enter total gross receipts from all activities (see instructions)	30	)
<u>31</u>	Enter total assets from federal Form 1120	31	)
<u>32a</u>	Total Wisconsin tangible property (see instructions)	32a	)
<u>32b</u>	Total tangible property (see instructions)	32b	)
<u>33a</u>	Total Wisconsin payroll (see instructions)	33a00	)
<u>33b</u>	Total payroll (see instructions)	33b00	)
<u>34a</u>	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions)	34a00	)
<u>34b</u>	Total sales, receipts, or premiums included in apportionment ratio (see instructions)	<b>34b</b> 00	)



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a 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.							
Did you include the income of the LLCs listed for item 35a in this return? YesNo							
Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax? YesNo							
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? YesNo If yes, see instructions.							
Person to contact concerning this return:							
Phone #: Fax #:							
City and state where books and records are located for audit purposes:							
List the locations of Wisconsin operations:							
Are any manufacturing facilities located in Wisconsin? Yes No							
er penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.							
nature of Officer Title Date							
parer'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

