Form **1CNS**

DO NOT STAPLE OR BIND

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

Due Date: April 18, 2011	Check (✓) if this is an AMENDED return	Corporation Year Ending	<u> </u>	D C C Y Y	
Complete form using BLACK INK.					
Tax-Option (S) Corporation Name			Federal Emp	bloyer ID Number	
Number and Street			1	Suite Number	
City		State	Zip (+ 4 digi	t suffix if known)	
Person to Contact Regarding This Return		Telephone Number	Fax Number		

← Number of shareholders included in this return.

Caution: Only qualifying shareholders may be included in this return. See instructions for details.

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Include a copy of any application for an extension of time to file. Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.

	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.					
SIGNATURES	Signature of Authorized Officer	Title	Date			
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date			
IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to:	Wisconsin Department of Revenue PO Box 8991 Madison WI 53708-8991				

(A)	(B)	(C)	(D1) Shareholder's Share of WI Net	(E)	(F)	(G)	(H)	(I)	(J)
			Income (Loss)	Federal	Filing			-	
	0	Pro	(D2) Shareholder's	Adjusted	Status	Tax From	A.1/	Tax	Balance
Name and Address of	Social	Rata	Share of WI Gross	Gross	(S, H,	Worksheet	Alternative	Withheld	Due
Nonresident Shareholder (and Spouse	Security	Share	Income (from Sch.	Income From	MFJ,	or 7.75% of	Minimum	from	(Overpay-
if Married Filing Jointly)	Number	(%)	5K-1, line 19)	Form 1040	MFS)	(D1)	Тах	Form PW-1	ment)
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