Due Date: April 18, 2011
Complete form using BLACK INK.

| Tax-Option (S) Corporation Name |  | Federal Employer ID Number |
| :---: | :---: | :---: |
| Number and Street |  | Suite Number |
| City | State | Zip (+ 4 digit suffix if known) |
| Person to Contact Regarding This Return | Telephone Number | Fax Number |

$\qquad$ $\leftarrow$ Number of shareholders included in this return.

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


## ENTER NEGATIVE NUMBERS LIKE THIS $\boldsymbol{\rightarrow - 1 0 0 0}$ NOT LIKE THIS $\boldsymbol{\rightarrow}$ (1000) <br> NO COMMAS; NO CENTS

## Schedule 1 Tax Computation

1 | Wisconsin tax-option $(S)$ corporation income (loss) of qualifying and participating |
| :--- |
| nonresident shareholders from Schedule 2 , column D1 . . . . . . . . . . . . . . . . . . . 1 . 00 |

$\underline{2}$ Tax from Schedule 2, column G ..... 2 ..... 00
3 Alternative minimum tax from Schedule 2, column H ..... 3 ..... 00
4 Add lines 2 and 3. This is the total tax ..... 4 ..... 00
5 Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column I) ..... 5 ..... 00
6 If line 5 is less than line 4 , subtract line 5 from line 4 and enter tax due ..... 6 .....  00
7 If line 5 is more than line 4 , subtract line 4 from line 5 and enter overpayment. This is the amount to be refunded to corporation ..... 7 ..... 00

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 <br> best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the <br> Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from <br> each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf. |  |
| :---: | :--- | :--- | :--- |
| Signature of Authorized Officer | Title | Date |

Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)

| Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly) | (B) | (C) | (D1) Shareholder's Share of WI Net Income (Loss) | (E) <br> Federal Adjusted Gross Income From Form 1040 | $\begin{gathered} \hline \text { (F) } \\ \text { Filing } \\ \text { Status } \\ \text { (S, H, } \\ \text { MFJ, } \\ \text { MFS) } \\ \hline \end{gathered}$ | (G) <br> Tax From Worksheet or $7.75 \%$ of (D1) | Alternative Minimum Tax | Tax <br> Withheld from Form PW-1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Social Security Number | Rata <br> Share <br> (\%) | (D2) Shareholder's Share of WI Gross Income (from Sch. 5 K -1, line 19) |  |  |  |  |  |  |
| a. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| b. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| c. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| d. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| e. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| f. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| g. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| h. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| i. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| j. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| k. |  |  | D1 |  |  |  |  |  |  |
|  |  |  | D2 |  |  |  |  |  |  |
| TOTALS (enter on appropriate line on Schedule 1) |  |  | D1 total only |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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