

Form **4T** Wisconsin Exempt Organization Business Franchise or Income Tax Return

2011

For 2011 or taxable year beginning                                              and ending                                             

**Complete form using BLACK INK. Due Date:** 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.  
Exempt Organization Name \_\_\_\_\_

DO NOT STAPLE OR BIND

Number and Street			Suite Number	
City		State	ZIP (+ 4 digit suffix if known)	A Federal Employer ID Number
<b>D Check <input type="checkbox"/> if applicable and attach explanation:</b> 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew		<b>B Business Activity (NAICS) Code</b> 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale		<b>C State of Organization and Year</b> Enter abbreviation of state in box, or if a foreign country, enter below. <u>    </u> <u>    </u> <u>    </u> <u>    </u>

**Check  if applicable and see instructions:**  
 E  If you have an extension of time to file, enter extended due date                                             

F  If you have related entity expenses and are required to file Schedule RT with this return.

G  If you changed your organization name

**H Check  type of organization:**  
 1  Corporation    2  Trust - due 4th month    3  Trust - due 5th month

I Name of Trustee if Taxable as Trust \_\_\_\_\_



**ENTER NEGATIVE NUMBERS LIKE THIS → -1000    NOT LIKE THIS → (1000)    NO COMMAS; NO CENTS**

PAPER CLIP check or money order here

Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Unrelated business taxable income (from federal Form 990-T, line 34) . . . . .	.00												
2 Job creation deduction (from Schedule JC, line 7) . . . . .	.00												
3 Subtract line 2 from line 1 . . . . .	.00												
4 Total net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 8) . . . . .	.00												
5 Subtract line 4 from line 3. This is apportionable unrelated business taxable income . . . . .	.00												
6 Wisconsin apportionment percentage (from Form 4A-1 or Form 4A-2, or if apportionment does not apply, enter "100.0000%"). If percentage is from Form 4A-2, check (✓) the space after the arrow . . . . .	%												
7 Multiply line 5 by line 6. . . . .	.00												
8 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form 4N, line 9) . . . . .	.00												
9 Combine lines 7 and 8. This is Wisconsin unrelated business taxable income (loss) . . . . .	.00												
10 Enter 7.9% (0.079) of amount on line 9. This is gross tax . . . . .	.00												
11 Nonrefundable credits (from Schedule CR, line 48) . . . . .	.00												
12 Relocated business credit. If qualified, subtract line 11 from line 10. If not qualified, enter 0. . . . .	.00												
13 Subtract lines 11 and 12 from line 10. If lines 11 and 12 are greater than line 10, enter zero (0). This is net tax . . . . .	.00												

Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23)	14	15	16	17	18
14 Unrelated business taxable income (from federal Form 990-T, line 34 or attachment to federal Form 4720) . . . . .	.00				
15 Additions (from Schedule T1, line 10 on page 3) . . . . .	.00				
16 Add lines 14 and 15 . . . . .	.00				
17 Subtractions (from Schedule T2, line 8 on page 3) . . . . .	.00				
18 Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income . . . . .	.00				

Table with 3 columns: Line number, Description, and Amount. Includes items like 'Tax from tax table on amount on line 18', 'Nonrefundable credits', 'Net income tax paid to other states', etc.

Additional Information Required

- 1 Person to contact concerning this return: Phone #: Fax #:
2 City and state where books and records are located for audit purposes:
3 Are you the sole owner of any limited liability companies (LLCs)?
4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax?
5 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year?
6 List the locations of your Wisconsin operations:

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Table with 3 columns: Signature of Officer or Trustee, Title, Date; Preparer's Signature, Preparer's Federal Employer ID Number, Date.

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

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



**Schedule T1 – Trust Additions** (See instructions)

<b>1</b>	Interest income (less related expenses) from state and municipal obligations . . . . .	<b>1</b>	_____
<b>2</b>	State and local franchise or income taxes . . . . .	<b>2</b>	_____
<b>3</b>	Capital gain/loss adjustment . . . . .	<b>3</b>	_____
<b>4</b>	Federal net operating loss carryover . . . . .	<b>4</b>	_____
<b>5</b>	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<b>5</b>	_____
<b>6</b>	Domestic production activities deduction . . . . .	<b>6</b>	_____
<b>7</b>	Transitional adjustments . . . . .	<b>7</b>	_____
<b>8</b>	Credits computed (see instructions for list of applicable credits) . . . . .	<b>8</b>	_____
<b>9</b>	Other: _____	<b>9</b>	_____
	_____		_____
	_____		_____
<b>10</b>	<b>Total</b> (enter on page 1, line 15) . . . . .	<b>10</b>	=====

**Schedule T2 – Trust Subtractions** (See instructions)

<b>1</b>	Interest income (less related expenses) from United States government obligations . . . . .	<b>1</b>	_____
<b>2</b>	Capital gain/loss adjustment . . . . .	<b>2</b>	_____
<b>3</b>	Wisconsin net operating loss carryforward . . . . .	<b>3</b>	_____
<b>4</b>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) . . . . .	<b>4</b>	_____
<b>5</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) . . . . .	<b>5</b>	_____
<b>6</b>	Transitional adjustments . . . . .	<b>6</b>	_____
<b>7</b>	Other: _____	<b>7</b>	_____
	_____		_____
	_____		_____
	_____		_____
<b>8</b>	<b>Total</b> (enter on page 1, line 17) . . . . .	<b>8</b>	=====