

Form

1CNS

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

2011

Due Date: April 17, 2012

Check (✓) if this is an AMENDED return

Corporation

Year Ending MM DD CC YY

DO NOT STAPLE OR BIND

Complete form using BLACK INK.

Form fields for Tax-Option (S) Corporation Name, Federal Employer ID Number, Address, City, State, Zip, Telephone Number, Fax Number, and Person to Contact.

Number of shareholders included in this return.

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



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000

NOT LIKE THIS ->(1000)

NO COMMAS; NO CENTS

Schedule 1

Tax Computation

Table with 11 rows for tax computation, including lines for Wisconsin tax-option (S) corporation income, tax from Schedule 2, alternative minimum tax, total tax, tax withheld, amended return payments, and tax due/refund.

Include a copy of any application for a federal 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.

Signature section with fields for Authorized Officer and Preparer, including signature, title, federal employer ID number, and date.

IF NOT FILING ELECTRONICALLY

Make check payable to and mail return to: Wisconsin Department of Revenue, PO Box 8991, Madison WI 53708-8991

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

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