WISCONSIN



Name of Credit Union

Credit Union Declaration of Exempt Status

| Number and Street | | City | | State | Zip Code |
|--|--|------------------------------|--------------------------------------|-----------|-------------------|
| For Income Year | | | Year of Incorporation | | |
| | 1 | | I | | |
| Federal Employer I.D. Number | nployer I.D. Number Wis. Employer I.D. (Withholding) Number Seller's Permi | | Seller's Permit or Use Tax Number | | |
| | | | | | |
| | | | | | |
| | INSTRUCTIONS | | | | |
| Purpose of Form CU | | | | | |
| Credit unions which are exempt from the file Form CU instead of filing a Wisconsin not file a corporation tax return (Form 4) of Revenue or unless in a subsequent year. | corporation franchise or income or Form CU for any subsequer | e tax return nt year unle | , Form 4. Therea ess requested to | fter, the | credit union need |
| Note: Credit unions that do not derive inc taxable income, as computed under sec | | | n the Wisconsin t | ax on u | nrelated business |
| When to File | | | | | |
| Form CU must be filed on or before Mar | ch 15 of the year following the | income ye | ar for which the I | return is | s filed. |
| | | | | | |
| Where to File | | | | | |
| Mail Form CU to the Wisconsin Departm | nent of Revenue, Post Office Bo | ox 8908, M | adison, Wiscons | sin 537 | 08-8908. |
| | | | | | |
| | DECLARATION | | | | |
| I, the undersigned authorized officer of the above named credit union had no depo Wisconsin franchise or income tax return funds. SIGN HERE | sits of public funds during the | income ye | ar shown above | and I u | inderstand that a |
| · | Title | | | Date | е |