Form 1CNS

DO NOT STAPLE OR BIND

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

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Due	Date: April 15, 2013	∟ Check (✓) if this is a AMENDED return		Corporat	ion				
	plete form using BLACK INK.	Check (✓) if this is a	Y	ear End	lina	M D C		<u> </u>	
	Option (S) Corporation Name	final return		Federa	I Employer	ID Numb	er		
Num	per and Street			1		Su	uite Number		
City					State	Zij	p (+ 4 digit su	iffix if knov	wn)
Person to Contact Regarding This Return Telephone				hone Number			x Number		
this	A Number of shareholders inclution: Only qualifying shareholders mareturn. See instructions for details. NO ENTRY ON A LINE, LEAVE BLANK								
	ENTER NEGATIVE NUMBERS LIKE	<u> </u>	THIS →(10	00)		NO C	OMMAS; M		ITS
So	chedule 1 Tax Computation		,	,				_	
1	Wisconsin tax-option (S) corporation inco nonresident shareholders from Schedule					1			.00
<u>2</u>	Tax from Schedule 2, column G					2			.00
<u>3</u>	Alternative minimum tax from Schedule 2	2, column H				3			.00
<u>4</u>	Add lines 2 and 3. This is the total tax \hdots .					4			.00
<u>5</u>	Wisconsin tax withheld as reported on Fe	orm PW-1 (from Schedule 2, co	olumn I)			5			.00
<u>6</u>	Amended Return Only - amount previou	sly paid				6			.00
<u>7</u>	Add lines 5 and 6					7			.00
<u>8</u>	Amended Return Only - amount previou	sly refunded							.00
<u>9</u>	Subtract line 8 from 7					9			.00
<u>10</u>	If line 9 is less than line 4, subtract line 9	from line 4 and enter tax due				10			.00
<u>11</u>	If line 9 is more than line 4, subtract line This is the amount to be refunded to cor	4 from line 9 and enter overpa	yment.						.00
	Ide a copy of any application for a federal of <i>PW-1, the federal Schedules K-1, or the</i>			al Forn	n 1120S,	Wiscor	sin Form {	5S, Wise	consir

	I have personally examined this return, including ar best of my knowledge and belief, a true, correct, a Wisconsin Statutes. I also declare that this tax-optic each qualifying and participating nonresident share	nd complete report of income under the provisior on corporation has a power of attorney or other wr	is of Chapter 71 of the tten authorization from
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) Pro	(D1) Shareholder's Share of WI Net Income (Loss) (D2) Shareholder's	(E) Federal Adjusted	(F) Filing Status	(G) Tax From	(H)	(I) Tax	(J) Balance
Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	Social Security Number	Rata Share (%)	Share of WI Gross Income (from Sch. 5K-1, line 20)	Gross Income From Form 1040	(S, H, MFJ, MFS)	Worksheet or 7.75% of (D1)	Alternative Minimum Tax	Withheld from Form PW-1	Due (Overpay- ment)
a.			D1						
			D2						
			D1						
			D2						
			D1						
			D2						
I.			D1						
			D2						
			D1						
			D2						
			D1						
			D2						
].			D1						
			D2						
1.			D1						
			D2						
			D1						
			D2						
			D1						
			D2						
κ.			D1						
			D2						
			D1 total only		1				
OTALS (enter on appropriate line on So	chedule 1)								