Form

1CNS

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

2013

	Due Date: April 15, 20)14	Check (✓) if this i AMENDED return	n Corp	oration							
PLE OR BIND	Complete form using	I BLACK INK	Check (✓) if this i final return	s a Year	Ending M N	T D D	Y Y Y Y					
	Tax-Option (S) Corporation	deral Employer	er ID Number									
	Number and Street		Suite Number									
NOT STAPLE	City	State	Zip (+ 4 digit suffix if known)									
00	Person to Contact Regardin	lumber	Fax Number									
	Number of shareholders included in this return. Caution: Only qualifying shareholders may be included in this return. See instructions for details.											
		LINE, LEAVE BLANK										
		BATIVE NUMBERS LIKE T	HIS \rightarrow -1000 NOT LIK	E THIS →(1000)		NO COM	MMAS; <u>NO</u> CENTS					
	Schedule 1 Ta	x Computation										
	Misconsin tax-op nonresident shar		1	.00.								
	2 Tax from Schedu			.00								
	3 Alternative minim		3	.00.								
	4 Add lines 2 and 3		4	.00								
	5 Wisconsin tax wi		5	.00								
	6 Amended Return		6	.00								
	7 Add lines 5 and 6			.00								
	8 Amended Return		8	.00								
	9 Subtract line 8 from		9	.00								
	10 If line 9 is less th		10	.00.								
	11 If line 9 is more t											
	This is the amou	nt to be refunded to corpo	ration			11	.00.					
	• • • •	application for a federal ext al Schedules K-1, or the Wi			orm 1120S,	Wisconsii	n Form 5S, Wisconsin					
		I have personally examined best of my knowledge and best of my knowledg	pelief, a true, correct, and co eclare that this tax-option cor	mplete report of inc poration has a pow	come under the er of attorney	ne provision or other w	ons of Chapter 71 of the ritten authorization from					
	SIGNATURES	Signature of Authorized Officer	Title				Date					
		Individual or Firm Signature of Pr	eparer Prepa	arer's Federal Employ	er ID Number		Date					
	IF NOT FILING ELECTRONICALLY	Make check payable to a	PO	consin Departme Box 8991 lison WI 53708-8								

Schedule 2 Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)									
(A)	(B)	(C)	(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 7.65% of (D1)	Alternative Minimum Tax	Withheld from Form PW-1	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						
I.									
k.			D1 D2						
TOTALS (enter on appropriate line on So	chedule 1)		D1 total only						