

2014 Form 6Y - Wisconsin Modification for Dividends

Designated Agent Name	Federal Employer ID Number
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Corporation Name: _____
 FEIN: _____ - _____ - _____

Combined
Totals

Name of Payer Corporation



	Date Acquired by Payee	Payee's Ownership of Payer (check (√) one)				
	M M D D Y Y Y Y	<input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%				
1a	_____ Name of Payer Corporation		1a	.00	.00	.00 1a .00
1b	_____ Name of Payer Corporation		1b	.00	.00	.00 1b .00
1c	_____ Name of Payer Corporation		1c	.00	.00	.00 1c .00
1d	_____ Name of Payer Corporation		1d	.00	.00	.00 1d .00
1e	_____ Name of Payer Corporation		1e	.00	.00	.00 1e .00
1f	_____ Name of Payer Corporation		1f	.00	.00	.00 1f .00
1g	Add lines 1a through 1f		1g	.00	.00	.00 1g .00
1h	Total of line 1g from additional Forms 6Y (see instructions)		1h	.00	.00	.00 1h .00
2	Add lines 1g and 1h.		2	.00	.00	.00 2 .00
3	Enter foreign taxes paid on dividends included on line 2		3	.00	.00	.00 3 .00
4	Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a		4	.00	.00	.00 4 .00