Form **4466W**

WISCONSIN

Corporation or Pass-Through Entity Application for Quick Refund of Overpayment of Estimated Tax

Mail this application to:

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908

		M M D	D Y	Y Y Y					
N	lame					State of Incorporation/Organizar	tion a	nd Year	
								$\overline{Y} \overline{Y} \overline{Y} \overline{Y} \overline{Y}$	
N	umber and Street				Suite Number	Identifying Number			
Ci	ity		State	Zip (+ 4 di	 git suffix if known)	Seller's Permit or Use Tax Numb	er Wis. E	Employer I.D. Number	
NOTE: The amount refunded must not be claimed as estimated tax payments on the corporation's or pass-through entity's tax return.							Leave Blank		
CI	heck when the tax return will be	filed.							
	Within two and one-half mon	ths after the cl	ose of th	ne taxable	e year.				
	 Within three and one-half mo 				-				
	_ _ Within an approved thirty-da				•				
	Within thirty days after the fe	-		ite.					
		C	OMPU	TATION	OF OVERP	AYMENT			
1	Estimated payments for the ta	xable year					1	.00	
	2 Overpayment from prior year allowed as a credit								
3 Total – Add lines 1 and 2							3	.00	
4	Enter gross tax and any surch	arge or total wi	thholdin	na tax com	nputed				
	from return to be filed					.00			
5	Less credits (exclude estimated tax credits). May not exceed line 4 5								
6	S Expected liability – Subtract line 5 from line 4						6	.00	
7	Overpayment of estimated tax – Subtract line 6 from line 3. If this amount is at least 10% of line 6								
	and at least \$500, the corporation or pass-through entity is eligible for the quick refund; otherwise, do not file this form						7	0	
	do not life this form						′	.00	
				DECI	ARATION				
	the undersigned, am authorized ave personally examined this ap								
	oplication under the provisions o					,	,	2	
_	(Signature)				(Tit	ele)		(Date)	
_	(Individual or Firm Signature of	Preparer)			(Addi	ress)		(Date)	
	(Telephone No.)		_						