

Form **4** **Wisconsin Corporation Franchise or Income Tax Return**

**2013**

For 2013 or taxable year beginning 0 1 0 1 2 0 1 3 and ending 1 2 3 1 2 0 1 3  
M M D D Y Y Y Y M M D D Y Y Y Y

**Complete form using BLACK INK.**

**Due Date:** 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name

ANYWORK FINANCE INC

Number and Street

35 ANY ST

Suite Number

City

ANYTOWN

State

NY

ZIP (+ 4 digit suffix if known)

10006

A Federal Employer ID Number

110000003

B Business Activity (NAICS) Code

27912

C State of Incorporation and Year

DE Enter abbreviation of state in box, or if a foreign country, enter below.

1 9 8 3  
Y Y Y Y

D Check  if applicable and attach explanation:

- 1  Amended return  
 2  First return - new corporation or entering Wisconsin  
 3  Final return - corporation dissolved or withdrew  
 4  Short period - change in accounting period  
 5  Short period - stock purchase or sale

Check  if applicable and see instructions:

E  If this is a combined return. Enter number of companies included ▶ \_\_\_\_\_

F  If you have an extension of time to file. Enter extended due date             
M M D D Y Y Y Y

G  If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.

H  If you have related entity expenses and are required to file Schedule RT with this return.

I  If this return is for an insurance company (check only if this is not a combined return).

J  If you filed a federal consolidated return, enter Parent Company's federal employer

ID number ▶ \_\_\_\_\_

(Attach statement - see instructions)

K  IRS adjustments became final during the year. Years adjusted ▶ \_\_\_\_\_



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

1	If this is a combined return, enter the amount from Form 4R, line 26. If this is not a combined return, enter the amount from Form 1120, line 28.	1	2448446.00
2	Additions (from Schedule V, line 13)	2	1899864.00
3	Add lines 1 and 2	3	4348310.00
4	Subtractions (from Schedule W, line 16)	4	1718284.00
5	Subtract line 4 from line 3	5	2630026.00
6	Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	0.00
7	Subtract line 6 from line 5. <i>Combined groups: This is your combined unitary income.</i>	7	2630026.00
8	Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow. If 100% apportionment, check (✓) the space after the arrow.	8	<u>2.2981</u> %
9	Multiply line 7 by line 8	9	60441.00
10	Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	0.00
11	Add lines 9 and 10	11	60441.00
12	<i>Combined returns only:</i> Net capital loss adjustment (from Form(s) 4M, line N)	12	0.00
13	Subtract line 12 from line 11	13	60441.00

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

<b>14</b>	Enter amount from line 13 . . . . .	<b>14</b>	<u>60441.00</u>
<b>15</b>	Loss adjustment for insurance companies (from Schedule(s) 4I, line 24). . . . .	<b>15</b>	<u>0.00</u>
<b>16</b>	Add lines 14 and 15. This is the Wisconsin income before net business loss carryforwards . . . . .	<b>16</b>	<u>60441.00</u>
<b>17</b>	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30(f) for separate entity filers). Do not enter more than line 16 . . . . .	<b>17</b>	<u>0.00</u>
<b>18</b>	Subtract line 17 from line 16. This is Wisconsin net income or loss . . . . .	<b>18</b>	<u>60441.00</u>
<b>19</b>	Enter 7.9% (0.079) of Wisconsin net income on line 18. This is tentative gross tax . . . . .	<b>19</b>	<u>4775.00</u>
<b>20</b>	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30) . . . . .	<b>20</b>	<u>0.00</u>
<b>21</b>	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 20 from line 19) . . . . .	<b>21</b>	<u>4775.00</u>
<b>22</b>	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 46 for separate entity filers) . . . . .	<b>22</b>	<u>3000.00</u>
<b>23</b>	Relocated business credit. If qualified, see instructions. If not qualified, enter 0. . . . . Check here if claimed <input type="checkbox"/>	<b>23</b>	<u>.00</u>
<b>24</b>	Subtract lines 22 and 23 from line 21. If the total of lines 22 and 23 is more than line 21, enter zero (0). This is net tax . . . . .	<b>24</b>	<u>1775.00</u>
<b>25</b>	Economic development surcharge (see instructions) . . . . .	<b>25</b>	<u>143.00</u>
<b>26</b>	Endangered resources donation (decreases refund or increases amount owed) . . . . .	<b>26</b>	<u>.00</u>
<b>27</b>	Veterans trust fund donation (decreases refund or increases amount owed) . . . . . <b>VETS</b>	<b>27</b>	<u>.00</u>
<b>28</b>	Add lines 24 through 27. . . . .	<b>28</b>	<u>1918.00</u>
<b>29</b>	Estimated tax payments less refund from Form 4466W . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Wisconsin tax withheld (see instructions) . . . . .	<b>30</b>	<u>.00</u>
<b>31</b>	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 49 for separate entity filers) . . . . .	<b>31</b>	<u>.00</u>
<b>32</b>	Amended Return Only – amount previously paid . . . . .	<b>32</b>	<u>4849.00</u>
<b>33</b>	Add lines 29 through 32 . . . . .	<b>33</b>	<u>4849.00</u>
<b>34</b>	Amended Return Only – amount previously refunded. . . . .	<b>34</b>	<u>.00</u>
<b>35</b>	Subtract line 34 from 33 . . . . .	<b>35</b>	<u>4849.00</u>
<b>36</b>	Interest, penalty, and late fee due (from Form 4U, line 17 or 26) If you annualized income on Form 4U, check (✓) the space after the arrow. . . . .	<b>36</b>	<u>.00</u>
<b>37</b>	<b>Tax Due.</b> If the total of lines 28 and 36 is larger than 35, subtract line 35 from the total of lines 28 and 36 . . . . .	<b>37</b>	<u>.00</u>
<b>38</b>	<b>Overpayment.</b> If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35. . . . .	<b>38</b>	<u>2931.00</u>
<b>39</b>	Enter amount from line 38 you want credited on 2014 estimated tax . . . . .	<b>39</b>	<u>2000.00</u>
<b>40</b>	Subtract line 39 from line 38. <b>This is your refund</b> . . . . .	<b>40</b>	<u>931.00</u>



<b>41</b>	Enter total gross receipts from all activities (see instructions) . . . . .	<b>41</b>	91833124.00
<b>42</b>	Enter total assets from federal Form 1120 . . . . .	<b>42</b>	148898235.00
<b>43</b>	Total Wisconsin tangible property (see instructions) . . . . .	<b>43</b>	0.00
<b>44</b>	Total tangible property (see instructions) . . . . .	<b>44</b>	29690669.00
<b>45</b>	Total Wisconsin payroll (see instructions) . . . . .	<b>45</b>	100000.00
<b>46</b>	Total payroll (see instructions) . . . . .	<b>46</b>	22563315.00
<b>47</b>	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) . . . . .	<b>47</b>	2110446.00
<b>48</b>	Total sales, receipts, or premiums included in apportionment ratio (see instructions) . . . . .	<b>48</b>	91834255.00

**49** Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?  
 Yes  No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.

**50** Did you include the income of the LLCs listed for item 49 in this return?  
 Yes  No

**51** Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?  
 Yes  No

**52** Person to contact concerning this return: Emilio Castillo  
 Phone #: (818) 770-1880 Fax #: (818) 770-1881

**53** City and state where books and records are located for audit purposes: \_\_\_\_\_

**54** List the locations of Wisconsin operations: \_\_\_\_\_

**55** Are any manufacturing facilities located in Wisconsin?  Yes  No

**56** Did you file federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service?  
 Yes  No If yes, enclose federal Schedule UTP with your Wisconsin tax return.

**57** Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service?  
 Yes  No If yes, enclose federal Form 8886 with your Wisconsin tax return.

**Third Party Designee** Do you want to allow another person to discuss this return with the department?  Yes Complete the following.  No  
 Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶ 

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*Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Signature of Officer	Title	Date
Preparer's Signature	Preparer's Federal Employer ID Number	Date

**You must file a copy of your federal return with Form 4, even if no Wisconsin activity.**

**If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.**

If you are not filing your return electronically, make your check payable to and mail your return to:

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



**Wisconsin Apportionment Data for Single Factor Formulas**

**2013**

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name <b>ANYWORK FINANCE INC</b>	Identifying Number <b>110000003</b>
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Round Amount to Nearest Dollar

**Part I Sales Factor** (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	2110446.00	
<b>b</b> Shipped from within Wisconsin	.00	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin	.00	
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
<b>3</b> Double throwback sales	.00	
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	2110446.00	4b 83396837.00
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	.00	
<b>6</b> Total gross receipts from the use of computer software		6b .00
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	.00	
<b>8</b> Total gross receipts from services		8b .00
<b>9</b> Other apportionable gross receipts	.00	9b 8437418.00
<b>10</b> For column a, add lines 4a, 5a, 7a and 9a. For column (b), add lines 4b, 6b, 8b, and 9b	2110446.00	10b 91834255.00
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	.00	11b .00
<b>12</b> Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income	.00	12b .00
<b>13</b> Add lines 11 and 12 for each column	.00	13b .00
<b>14</b> Subtract line 13 from line 10 for each column	2110446.00	14b 91834255.00
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	.00	15b .00
<b>16</b> Add lines 14 and 15 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I	2110446.00	16b 91834255.00
<b>17</b> <i>Separate return filers and pass-through entities:</i> Divide line 10a, by line 10b, and multiply by 100. This is the Wisconsin apportionment percentage	2	281 %



**Part II Receipts Factor for Interstate Financial Institutions** (See section Tax 2.49, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
<u>1</u> Gross interest and other fees from loans secured by real property . . . . .	1a .00	1b .00
<u>2</u> Gross interest and other fees from loans secured by tangible personal property . . . . .	2a .00	2b .00
<u>3</u> Gross interest and other fees from unsecured loans . . . . .	3a .00	3b .00
<u>4</u> Net gains from sales of loans secured by real property . . . . .	4a .00	4b .00
<u>5</u> Net gains from sales of loans secured by tangible personal property . . . . .	5a .00	5b .00
<u>6</u> Net gains from sales of unsecured loans . . . . .	6a .00	6b .00
<u>7</u> Gross receipts from credit card receivables . . . . .	7a .00	7b .00
<u>8</u> Net gains from sales of credit card receivables . . . . .	8a .00	8b .00
<u>9</u> Credit card issuer's reimbursement fees . . . . .	9a .00	9b .00
<u>10</u> Gross receipts from merchant discount . . . . .	10a .00	10b .00
<u>11</u> Loan servicing fees . . . . .	11a .00	11b .00
<u>12</u> Gross receipts from travelers checks, cashiers checks, certified checks, and money orders . . . . .	12a .00	12b .00
<u>13</u> Gross receipts from automated teller machines and safety deposit boxes . . . . .	13a .00	13b .00
<u>14</u> Gross receipts from maintaining accounts . . . . .	14a .00	14b .00
<u>15</u> Gross receipts from electronic funds transfer . . . . .	15a .00	15b .00
<u>16</u> Gross receipts from cash management services . . . . .	16a .00	16b .00
<u>17</u> Gross receipts from international trade services . . . . .	17a .00	17b .00
<u>18</u> Gross receipts from data processing services and document imaging services . . . . .	18a .00	18b .00
<u>19</u> Gross receipts from research services . . . . .	19a .00	19b .00
<u>20</u> Gross receipts from trust services . . . . .	20a .00	20b .00
<u>21</u> Gross receipts from investment banking services . . . . .	21a .00	21b .00
<u>22</u> Gross receipts from brokerage services . . . . .	22a .00	22b .00
<u>23</u> Gross receipts from services provided to regulated investment companies . . . . .	23a .00	23b .00
<u>24</u> Gross receipts from other services . . . . .	24a .00	24b .00
<u>25</u> Gross receipts from the lease of real property . . . . .	25a .00	25b .00
<u>26</u> Gross receipts from the lease of tangible personal property . . . . .	26a .00	26b .00
<u>27</u> Gross receipts from computer software . . . . .	27a .00	27b .00
<u>28</u> Gross royalties and other gross receipts from intangibles excluding securities . . . . .	28a .00	28b .00
<u>29</u> Sales of tangible personal property (attach schedule) . . . . .	29a .00	29b .00
<u>30</u> Gross receipts apportioned to a state where the taxpayer would not be taxable under P.L. 86-272 . . . . .	30a .00	
<u>31</u> Add lines 1a through 30a for column (a) (1b through 29b for column (b)). . . . .	31a .00	31b .00



Separate return filers and pass-through entities skip to line 38.

	(a) Wisconsin	(b) Total Company
<b>32</b> Enter sales or receipts included above, if any, that are intercompany transactions between combined group members .....	32a _____ .00	32b _____ .00
<b>33</b> Enter sales or receipts included above, if any, that are <b>not</b> included in the computation of combined unitary income .....	33a _____ .00	33b _____ .00
<b>34</b> Add lines 32 and 33 for each column .....	34a _____ .00	34b _____ .00
<b>35</b> Subtract line 34 from line 31 for each column .....	35a _____ .00	35b _____ .00
<b>36</b> Enter intercompany sales or receipts previously excluded from the receipts factor due to the deferral of income, if the deferred income is included in combined unitary income on this return .....	36a _____ .00	36b _____ .00
<b>37</b> Add lines 35 and 36 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I .....	37a _____ .00	37b _____ .00
<b>38</b> <i>Separate return filers and pass-through entities:</i> Divide line 31a, by line 31b, and multiply by 100. This is the Wisconsin apportionment percentage .....	38a _____ %	

**Part III Receipts Factor for Interstate Brokers-Dealers, Investment Advisers, Investment Companies, and Underwriters** (See section Tax 2.495, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
<b>1</b> Gross brokerage commissions .....	1a _____ .00	1b _____ .00
<b>2</b> Gross margin interest earned .....	2a _____ .00	2b _____ .00
<b>3</b> Gross account maintenance fees .....	3a _____ .00	3b _____ .00
<b>4</b> Gross receipts, net of commissions, from sales of trading assets .....	4a _____ .00	4b _____ .00
<b>5</b> Gross receipts received on investment contracts .....	5a _____ .00	5b _____ .00
<b>6</b> Gross receipts from underwriting services .....	6a _____ .00	6b _____ .00
<b>7</b> Other gross receipts or net gains (attach schedule) .....	7a _____ .00	7b _____ .00
<b>8</b> Gross receipts apportioned to a state where the taxpayer would not be taxable under P.L. 86-272 .....	8a _____ .00	
<b>9</b> Add lines 1a through 8a for column (a) (1b through 7b for column (b)) .....	9a _____ .00	9b _____ .00

Separate return filers and pass-through entities skip to line 16.

<b>10</b> Enter sales or receipts included above, if any, that are intercompany transactions between combined group members .....	10a _____ .00	10b _____ .00
<b>11</b> Enter sales or receipts included above, if any, that are <b>not</b> included in the computation of combined unitary income ...	11a _____ .00	11b _____ .00



	(a) Wisconsin	(b) Total Company
<b>12</b> Add lines 10 and 11 for each column . . . . .	12a <u>                    </u> .00	12b <u>                    </u> .00
<b>13</b> Subtract line 12 from line 9 for each column . . . . .	13a <u>                    </u> .00	13b <u>                    </u> .00
<b>14</b> Enter intercompany sales or receipts previously excluded from the receipts factor due to the deferral of income, if the deferred income is included in combined unitary income on this return . . . . .	14a <u>                    </u> .00	14b <u>                    </u> .00
<b>15</b> Add lines 13 and 14 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I . . . . .	15a <u>                    </u> .00	15b <u>                    </u> .00
<b>16</b> <i>Separate return filers and pass-through entities:</i> Divide line 9a, by line 9b, and multiply by 100. This is the Wisconsin apportionment percentage . . . . .	16a <u>      </u> . <u>      </u> %	

**Part IV Premiums Factor for Insurance Companies**

	(a) Wisconsin	(b) Total Company
<b>1</b> Direct premiums written for insurance on property and risks, other than life insurance . . . . .	1a <u>                    </u> .00	1b <u>                    </u> .00
<b>2</b> Assumed premiums from domestic insurance companies written for reinsurance on property and risks, other than life insurance . . . . .	2a <u>                    </u> .00	2b <u>                    </u> .00
<b>3</b> Add lines 1 and 2 for each column . . . . .	3a <u>                    </u> .00	3b <u>                    </u> .00
<i>Separate return filers and pass-through entities skip to line 8.</i>		
<b>4</b> Enter premiums included above, if any, that are intercompany transactions between combined group members . . . . .	4a <u>                    </u> .00	4b <u>                    </u> .00
<b>5</b> Enter premiums included above, if any, that are not included in the computation of combined unitary income . . . . .	5a <u>                    </u> .00	5b <u>                    </u> .00
<b>6</b> Add lines 4 and 5 for each column . . . . .	6a <u>                    </u> .00	6b <u>                    </u> .00
<b>7</b> Subtract line 6 from line 3 for each column. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I . . . . .	7a <u>                    </u> .00	7b <u>                    </u> .00
<b>8</b> <i>Separate return filers and pass-through entities:</i> Divide line 3a, by line 3b, and multiply by 100. This is the Wisconsin apportionment percentage . . . . .	8a <u>      </u> . <u>      </u> %	



**SCHEDULE CR**

**Other Credits**

**2013**

Wisconsin  
Department of Revenue

Enclose with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 5

Name <b>ANYWORK FINANCE INC</b>	Identifying Number <b>110000003</b>
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**Part I Credits for Individuals, Fiduciaries, and Corporations**

**A. Nonrefundable Credits (claimed before alternative minimum tax)**

1	Postsecondary education credit (Schedule PE, line 7)	1	.00
2	Water consumption credit (Schedule WC, line 10)	2	.00
3	Biodiesel fuel production credit (Schedule BC, line 8)	3	.00
4	Health insurance risk-sharing plan assessments credit – • <i>Corporations</i> (see line 42 to claim this credit) • <i>Fiduciaries</i> (see instructions) – Beneficiaries portion .00 • <i>Individuals</i> (enter amount from Schedule 2K-1, 3K -1, or 5K-1)	4	.00
5	Veteran employment credit carryforward	5	2000 .00
6a	Manufacturing credit (Schedule MA, line 18 or 18b for fiduciaries)	6a	.00
6b	Agriculture credit (Schedule MA, line 18 or 18b for fiduciaries)	6b	.00
7	Film production company investment credit carryforward (Schedule FP, line 8)	7	.00
8	Research expense credit (Schedule R, line 32)	8	.00
9	Research expense credit for activities related to internal combustion engines (Schedule R-1, line 31)	9	.00
10	Research expense credit for activities related to certain energy efficient products (Schedule R-2, line 31)	10	.00
11	Community rehabilitation program credit (Schedule CM, line 7)	11	.00
12	Research facilities credit (Schedule R, line 38)	12	.00
13	Research facilities credit for activities related to internal combustion engines (Schedule R-1, line 37)	13	.00
14	Research facilities credit for activities related to certain energy efficient products (Schedule R-2, line 37)	14	.00
15	Add lines 1 through 14 and enter on line 15. • <b>Individuals and Fiduciaries:</b> Enter this amount on line 25 of Form 1, line 51 of Form 1NPR, line 8 of Form 2, or line 20 of Form 4T. • <b>Corporations:</b> Enter this amount on line 40 of Part II	15	2000 .00
<b>B. Nonrefundable Credits</b>			
16	Film production services credit carryforward (Schedule FP, line 7)	16	.00
17	Manufacturer's sales tax credit carryforward (Schedule MS, line 3)	17	.00
18	Manufacturing investment credit (Schedule MI, line 6)	18	.00
19	Dairy and livestock farm investment credit (Schedule DI, line 9)	19	.00
20	Ethanol and biodiesel fuel pump credit (Schedule EB, line 7)	20	.00
21	Development zones credit (Schedule DC, lines 7 and 15)	21	.00
22	Technology zone credit (Schedule TC, line 8)	22	.00
23	Economic development tax credit (Schedule ED, line 5)	23	.00
24	Early stage seed investment credit (Schedule VC, line 13)	24	.00
25	Angel investment credit – Individuals only (Schedule VC, line 6)	25	.00
26	Electronic medical records credit (Schedule EM, line 5)	26	1000 .00
27	Internet equipment credit carryforward	27	.00
28	Add lines 16 through 27 and enter on line 28. • <b>Individuals and Fiduciaries:</b> Enter this amount on line 31 of Form 1, line 57 of Form 1NPR, line 13 of Form 2, or line 20 of Form 4T. • <b>Corporations:</b> Enter this amount on line 41 of Part II	28	1000 .00

1-048



Now go to page 2 →

Name ANYWORK FINANCE INC	Identifying number 110000003
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**Part I Credits for Individuals, Fiduciaries, and Corporations (continued)**

**C. Refundable Credits**

29	Enterprise zone jobs credit (Schedule EC, line 3 or 3b for fiduciaries)	29	.00
30	Dairy manufacturing facility investment credit (Schedule DM, line 13 or 13b for fiduciaries)	30	.00
31	Dairy cooperatives credit (Schedule DM, line 14 or 14b for fiduciaries)	31	.00
32	Meat processing facility investment credit (Schedule MP, line 7 or 7b for fiduciaries)	32	.00
33	Film production services credit (Schedule FP, line 3 or 3b for fiduciaries)	33	.00
34	Film production company investment credit (Schedule FP, line 6 or 6b for fiduciaries)	34	.00
35	Woody biomass harvesting and processing credit (Schedule WB, line 5 or 5b for fiduciaries)	35	.00
36	Food processing plant and food warehouse investment credit (Schedule FW, line 7 or 7b for fiduciaries)	36	.00
37	Beginning farmer and farm asset owner credit (Schedule FL, line 2, 6 or 6b for fiduciaries)	37	.00
38	Jobs tax credit (Schedule JT, line 5 or 5b for fiduciaries)	38	.00
39	Add lines 29 through 38 and enter on line 39.		
	• <b>Individuals and Fiduciaries:</b> Enter this amount on line 48 of Form 1, line 73 of Form 1NPR, line 21 of Form 2, or line 31 of Form 4T.		
	• <b>Corporations:</b> Enter this amount on line 47 of Part II	39	.00

**Part II Credits for Corporations Only**

**A. Nonrefundable Credits**

40	Amount from Part I, line 15	40	2000 .00
41	Amount from Part I, line 28	41	1000 .00
42	Health insurance risk-sharing plan assessments credit (Schedule HI, line 6)	42	.00
43	Super research and development credit (Schedule R, line 48)	43	.00
44	Community development finance credit	44	.00
45	Supplement to federal historic rehabilitation credit (Schedule HR, line 7)	45	.00
46	Add lines 40 through 45. Enter here and on line 22 of Form 4, line 11 of Form 4T, or line 9 of Form 5	46	3000 .00

**B. Refundable Credits**

47	Amount from Part I, line 39	47	.00
48	Farmland preservation credit.		
	a Schedule FC, line 18	48a	.00
	b Schedule FC-A, line 13	48b	.00
49	Add lines 47 and 48a and b. Enter here and on line 31 of Form 4, line 31 of Form 4T, or line 18 of Form 5	49	.00



**Wisconsin Additions to Federal Income**

**2013**

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

ANYWORK FINANCE INC

110000003

<b>1</b>	Interest income from state and municipal obligations .....	<b>1</b>	_____	<b>.00</b>
<b>2</b>	State taxes accrued or paid .....	<b>2</b>	223478	<b>.00</b>
<b>3</b>	Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1) .....	<b>3</b>	_____	<b>.00</b>
<b>4</b>	Domestic production activities deduction .....	<b>4</b>	_____	<b>.00</b>
<b>5</b>	Expenses related to nontaxable income .....	<b>5</b>	_____	<b>.00</b>
<b>6</b>	Percentage depletion .....	<b>6</b>	_____	<b>.00</b>
<b>7</b>	Federal section 179 expense deduction in excess of Wisconsin deduction .....	<b>7</b>	_____	<b>.00</b>
<b>8</b>	Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (attach schedule) .....	<b>8</b>	1673386	<b>.00</b>
<b>9</b>	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule) .....	<b>9</b>	_____	<b>.00</b>
<b>10</b>	Total additions for certain credits computed (see instructions) .....	<b>10</b>	3000	<b>.00</b>
<b>11</b>	Special additions for insurance companies (from Schedule 4I, line 4) .....	<b>11</b>	_____	<b>.00</b>
<b>12</b>	Other (list):			
	a _____			<b>.00</b>
	b _____			<b>.00</b>
	c _____			<b>.00</b>
	d _____			<b>.00</b>
	e _____			<b>.00</b>
	f _____			<b>.00</b>
	g _____			<b>.00</b>
	h _____			<b>.00</b>
	Add lines 12a through 12h .....	<b>12</b>	_____	<b>.00</b>
<b>13</b>	Total (enter on Form 4 or 5, page 1, line 2) .....	<b>13</b>	1899864	<b>.00</b>

8-28-13 DRAFT



**Electronic Medical Records  
Credit**

**2013**

Wisconsin Department  
of Revenue

Enclose with Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Name ANYWORK FINANCE INC	Identifying Number 110000003
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- 1** Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue ..... **1** 500.00
- 2** Electronic medical records credit passed through from other entities
- 2a** Entity Name ANYTIME INC
- FEIN 110001111 Amount **2a** 500.00
- 2b** Entity Name \_\_\_\_\_
- FEIN \_\_\_\_\_ Amount **2b** .00
- 2c** Entity Name \_\_\_\_\_
- FEIN \_\_\_\_\_ Amount **2c** .00
- 2d** Entity Name \_\_\_\_\_
- FEIN \_\_\_\_\_ Amount **2d** .00
- 2e** Total pass through credits from additional schedule. **2e** .00
- 2f** Total credits (add lines 2a through 2e) ..... **2f** 500.00
- 3** Add the amounts on lines 1 and 2f. This is your 2013 electronic medical records credit ..... **3** 1000.00
- 3a** Fiduciaries – Fill in the amount of credit allocated to beneficiaries ..... **3a** .00
- 3b** Fiduciaries – Subtract line 3a from line 3 ..... **3b** .00
- 4** Carryover of unused electronic medical records credit ..... **4** .00
- 5** Add lines 3 and 4 (lines 3b and 4 if fiduciary). This is the available electronic medical records credit (see instructions) ..... **5** .00



# Wisconsin Subtractions From Federal Income

# 2013

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name <b>ANYWORK FINANCE INC</b>	Federal Employer ID Number <b>110000003</b>
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<b>1</b>	Wisconsin subtraction modification for dividends (from Sch. Y, line 4) .....	<b>1</b>	_____	<b>.00</b>
<b>2</b>	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1) .....	<b>2</b>	_____	<b>.00</b>
<b>3</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	<b>3</b>	_____	<b>.00</b>
<b>4</b>	Subpart F income .....	<b>4</b>	_____	<b>.00</b>
<b>5</b>	Gross-up of foreign dividend income .....	<b>5</b>	_____	<b>.00</b>
<b>6</b>	Nontaxable income (attach schedule) .....	<b>6</b>	_____	<b>.00</b>
<b>7</b>	Foreign taxes (do not include deemed taxes) .....	<b>7</b>	_____	<b>.00</b>
<b>8</b>	Cost depletion .....	<b>8</b>	_____	<b>.00</b>
<b>9</b>	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule) .....	<b>9</b>	_____	<b>1718284.00</b>
<b>10</b>	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule) .....	<b>10</b>	_____	<b>.00</b>
<b>11</b>	Federal work opportunity credit wages .....	<b>11</b>	_____	<b>.00</b>
<b>12</b>	Federal research credit expenses .....	<b>12</b>	_____	<b>.00</b>
<b>13</b>	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)			
	<b>a</b> _____			<b>.00</b>
	<b>b</b> _____			<b>.00</b>
	<b>c</b> _____			<b>.00</b>
	<b>d</b> _____			<b>.00</b>
	<b>e</b> _____			<b>.00</b>
	<b>f</b> _____			<b>.00</b>
	<b>g</b> _____			<b>.00</b>
	<b>h</b> _____			<b>.00</b>
	Add lines 13a through 13h .....	<b>13</b>	_____	<b>.00</b>
<b>14</b>	Nontaxable income from life insurance operations (from Schedule 4I, line 13) .....	<b>14</b>	_____	<b>.00</b>
<b>15</b>	Job creation deduction (from line 7 of Schedule JC) .....	<b>15</b>	_____	<b>.00</b>
	Enter number of members from combined group claiming job creation deduction .....		_____	
<b>16</b>	Total (enter on Form 4 or 5, page 1, line 4) .....	<b>16</b>	_____	<b>1718284.00</b>

8-28-13  
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