

Form **5** **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 Name  
**GO PACK GO INC**

Number and Street  
**31 ANY ST** Suite Number

City  
**ANYTOWN** State **WI** ZIP (+ 4 digit suffix if known) **20901** A Federal Employer ID Number **30000007**

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

B Business Activity (NAICS) Code  
**313000**

C State of Incorporation and Year  
WI Enter abbreviation of state in box, or if a foreign country, enter below. **1 9 8 3**  
Y Y Y Y

Check  if applicable and see instructions:

E  If you have an extension of time to file, enter extended due date  
M M D D Y Y Y Y

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

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

H  If you filed a federal consolidated return, enter Parent Company's federal employer ID number ▶

I  Internal Revenue Service adjustments became final during the year.  
Enter 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	Federal taxable income from Form 1120, line 28	1	137889565.00
2	Additions (from Schedule V, line 13)	2	1049294.00
3	Add lines 1 and 2	3	138938859.00
4	Subtractions (from Schedule W, line 16)	4	5000.00
5	Subtract line 4 from line 3. This is net income (loss) before net business loss offset	5	138933859.00
6	Wisconsin net business loss carryforward (from Form 4BL, Part I, line 30(f)) but not more than line 5	6	.00
7	Subtract line 6 from line 5. This is Wisconsin net income (loss) ▶	7	138933859.00
8	Enter 7.9% (0.079) of Wisconsin net income on line 7. This is gross tax	8	10975775.00
9	Nonrefundable credits (from Schedule CR, line 46)	9	.00
10	Relocated business credit. If qualified, subtract line 9 from line 8. If not qualified, enter 0. (See instructions) Check here if claimed <input type="checkbox"/>	10	.00
11	Subtract lines 9 and 10 from line 8. If lines 9 and 10 are more than line 8, enter zero (0). This is net tax	11	10975775.00
12	Economic development surcharge (see instructions)	12	9800.00
13	Endangered resources donation (decreases refund or increases amount owed)	13	.00
14	Veterans trust fund donation (decreases refund or increases amount owed)	14	.00
15	Add lines 11 through 14	15	9940181.00
16	Estimated tax payments less refund from Form 4466W	16	8000000.00
17	Wisconsin tax withheld	17	.00

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here





Schedule **W**

# 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

Federal Employer ID Number

GO PACK GO INC

300000007

<b>1</b>	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	<b>1</b>	5000.00
<b>2</b>	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	<b>2</b>	.00
<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>	.00
<b>4</b>	Subpart F income	<b>4</b>	.00
<b>5</b>	Gross-up of foreign dividend income	<b>5</b>	.00
<b>6</b>	Nontaxable income (attach schedule)	<b>6</b>	.00
<b>7</b>	Foreign taxes (do not include deemed taxes)	<b>7</b>	.00
<b>8</b>	Cost depletion	<b>8</b>	.00
<b>9</b>	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	<b>9</b>	.00
<b>10</b>	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	<b>10</b>	.00
<b>11</b>	Federal work opportunity credit wages	<b>11</b>	.00
<b>12</b>	Federal research credit expenses	<b>12</b>	.00
<b>13</b>	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)		
	a		.00
	b		.00
	c		.00
	d		.00
	e		.00
	f		.00
	g		.00
	h		.00
	Add lines 13a through 13h	<b>13</b>	.00
<b>14</b>	Nontaxable income from life insurance operations (from Schedule 41, line 13)	<b>14</b>	.00
<b>15</b>	Job creation deduction (from line 7 of Schedule JC)	<b>15</b>	.00
	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>	5000.00

8-28-13 DRAFT



**Underpayment of Estimated Tax by Corporations**

File with Wisconsin Form 4, 4T, 5, or 5S

**2013**

Wisconsin Department of Revenue

Corporation or Designated Agent Name

GO PACK GO INC

Federal Employer ID Number

300000007

**Part I Computation of Underpayment and Interest Due on Underpayment**

1 a	Enter 2013 tax before the surcharge plus the economic development surcharge (see instructions) . . . . .	9940180			
b	Enter 2013 refundable credits (excluding estimated tax and surcharge paid) . . . . .	0			
c	Subtract line 1b from line 1a. This is 2013 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable			9940180	
2	Enter 90% of line 1c . . . . .			8946162	
3 a	Enter 2012 tax before the surcharge plus the economic development surcharge, if applicable (see instructions)	10971494			
b	Enter 2012 refundable credits (excluding estimated tax and surcharge paid) . . . . .	1328			
c	Subtract line 3b from line 3a. This is 2012 net tax and surcharge . . . . .			10970166	
4	If 2013 net income is less than \$250,000 and 2012 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2			8946162	
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year) . . . . .	(a) 3-15	(b) 6-15	(c) 9-15	(d) 12-15
6	Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 47 . . . . .	2236541	2236541	2236540	2236540
7	Estimated tax and surcharge paid . . . . .	8000000			
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment . . . . .		2236541	2236540	2236540
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment . . . . .	5783454			
10	Carryback of overpayment or late payment . . . . .				
11	Carryforward of overpayment . . . . .		5763459	3526918	1290378
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment . . . . .				946162
13	Number of days from the due date of the installment to the date carryback on line 10 was paid . . . . .				
14	Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier . . . . .				90
15	Interest: 12% per year on amount on line 10 for the number of days on line 13 . . . . .				
16	Interest: 12% per year on amount on line 12 for the number of days on line 14 . . . . .				27996
17	Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows a tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on your tax return . . . . .				27996

**Part II Computation of Total Amount Due**

Complete this part only if your return is not filed by the unextended due date and shows a tax due.

	(a) Interest at 18% per year	(b) Interest at 12% per year	(c) Total
18	If return filed late without an extension, enter net tax (including surcharge) . . . . .		
19	If return filed with extended due date and shows –	(90%)	(10%)
a	Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated . . . . .		
b	Net tax (including surcharge) of less than \$500, enter net tax . . . . .		
20	Enter payments made (apply first to 18% per year column) . . . . .		
21	Subtract line 20 from line 18 or 19a or 19b. This is amount due 15th day of 3rd month after end of taxable year . . . . .		
22	Interest on underpayment from Part I, line 17 . . . . .		
23	Add lines 21 and 22 . . . . .		
24	Interest on amounts on line 23 to _____ (date return filed) . . . . .	(18% per year)	(12% per year) *
25	If your return is filed late without an extension or after the extended due date –		
a	Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25% . . . . .		
b	Enter a \$150 late fee . . . . .		
26	Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due" . . . . .		

\* Note: See the instructions for line 24.

**Part III Annualized Income Installment Method Worksheet**

Fill in this worksheet only if computing required installments using the annualized income installment method. Complete one column through line 47 before completing the next column. Form 4T filers see instructions to figure lines 27 and 29.

	Annualization Period			
	(a) First 2 months	(b) First 5 months	(c) First 8 months	(d) First 11 months
27 Enter Wisconsin net income for each period (see instructions)				
28 Annualization factor	6	2.4	1.5	1.091
29 Multiply line 27 by line 28				
30 Adjustments (NBLs, etc. – see instructions)				
31 Combine lines 29 and 30. This is annualized income				
32 Multiply line 31 by 7.9% (0.079). This is annualized gross tax				
33 Enter your nonrefundable credits				
34 Subtract line 33 from line 32. If zero or less, enter zero				
35 Enter economic development surcharge (based on amount in this column)				
36 Add lines 34 and 35				
37 Enter your refundable credits (excluding estimated tax and surcharge paid)				
38 Subtract line 37 from line 36. If zero or less, enter zero. This is annualized net tax				
39 Applicable percentage	22.5%	45%	67.5%	90%
40 Multiply line 38 by line 39				
41 Enter the combined amounts of line 47 from all preceding columns				
42 Subtract line 41 from line 40. If zero or less, enter zero				
43 Divide Part 1, line 4, by 4 and enter the result in each column				
44 Enter the amount from line 46 for the preceding column				
45 Add lines 43 and 44 and enter the total				
46 If line 45 is more than line 42, subtract line 42 from line 45. Otherwise, enter zero				
47 Enter the smaller of line 42 or 45 here and on Part 1, line 6				

9-24-13  
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Schedule **Y**

# Wisconsin Subtraction Modification for Dividends

# 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

GO PACK GO INC

300000007

## Dividends Received

Name of Payer Corporation Money For All Inc		Date Acquired by Payee 0 6 3 0 1 9 9 4 M M D D Y Y Y Y	
<b>1a</b>	Name of Payee Corporation Go Pack Go Inc	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1a</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D Y Y Y Y	
<b>1b</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1b</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D Y Y Y Y	
<b>1c</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1c</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D Y Y Y Y	
<b>1d</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1d</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D Y Y Y Y	
<b>1e</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1e</b> .00
Name of Payer Corporation		Date Acquired by Payee M M D D Y Y Y Y	
<b>1f</b>	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	<b>1f</b> .00
<b>1g</b> Add lines 1a through 1f			<b>1g</b> 5000.00
<b>1h</b> Total of line 1g from additional Schedules Y (see instructions)			<b>1h</b> .00
<b>2</b> Add lines 1g and 1h			<b>2</b> 5000.00
<b>3</b> Enter foreign taxes paid on dividends included on line 2			<b>3</b> .00
<b>4</b> Subtract line 3 from line 2. Enter this amount on Schedule W, line 1			<b>4</b> 5000.00

8-28 DRAFT

