

Form **6** Wisconsin Combined Corporation Franchise or Income Tax Return

#17
2014



Complete form using BLACK INK.

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

Designated Agent Name Clothing Boutique Co									
Number and Street 848 S Main Street								Suite Number 46	
City Lubbock				State TX		ZIP (+ 4 digit suffix if known) 75489		A Federal Employer ID Number 44-9876543	
For 2014 or taxable year beginning <u>0</u> <u>1</u> <u>0</u> <u>1</u> <u>2</u> <u>0</u> <u>1</u> <u>4</u> and ending <u>1</u> <u>2</u> <u>3</u> <u>1</u> <u>2</u> <u>0</u> <u>1</u> <u>4</u> <small>M M D D Y Y Y Y M M D D Y Y Y Y</small>									
B Business Activity (NAICS) Code 33911									
D Check <input checked="" type="checkbox"/> if applicable and attach explanation:									
1 <input type="checkbox"/> Amended return				4 <input type="checkbox"/> Short period - change in accounting period					
2 <input type="checkbox"/> First return - new corporation or entering Wisconsin				5 <input type="checkbox"/> Short period - stock purchase or sale					
3 <input type="checkbox"/> Final return - corporation dissolved or withdrew				6 <input type="checkbox"/> The controlled group election is being made for the first time.					
C State of Incorporation and Year								Enter abbreviation of state in box, or if a foreign country, enter below.	
WI								1 9 7 3 Y Y Y Y	

1	Combined Unitary Income. Form 6, Part II, line 8 combined total	1	642000.00
2	Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total. Check if 100% apportionment	2	100.0000%
3	Multiply line 1 by line 2	3	642000.00
4	Wisconsin net nonapportionable and separately apportioned income. Form(s) N, line 14	4	.00
5	Add lines 3 and 4	5	642000.00
6	Net capital loss adjustment. Form 6, Part III, line 5 combined total	6	.00
7	Subtract line 6 from line 5	7	642000.00
8	Loss adjustment for insurance companies. See instructions	8	.00
9	Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards	9	642000.00
10	Wisconsin net business loss carryforward. Form 6, Part III, line 7 combined total	10	.00
11	Subtract line 10 from line 9. This is Wisconsin net income or loss	11	642000.00
12	Sum of gross tax from all members Form 6, Part III, line 9 combined total	12	50718.00
13	Nonrefundable credits. Form 6, Part III, line 10 combined total	13	.00
14	Relocated business credit. If qualified, see instructions. If not qualified, enter 0.	14	.00
15	Subtract lines 13 and 14 from line 12. If the total of lines 13 and 14 is more than line 12, enter zero (0). This is net tax	15	50718.00
16	Economic development surcharge. Form 6, Part III, line 11c combined total	16	.00
17	Endangered resources donation	17	.00
18	Veterans trust fund donation	18	.00
19	Add lines 15 through 18	19	50718.00
20	Estimated tax payments less refund from Form 4466W	20	.00
21	Wisconsin Tax Withheld. See instructions	21	.00
22	Refundable credits. Form 6, Part III, line 13 combined total	22	.00
23	Amended return only - amount previously paid	23	.00
24	Add lines 20 through 23	24	0.00
25	Amended return only - amount previously refunded	25	.00
26	Subtract line 25 from line 24	26	0.00
27	Interest, penalty, and late fee due. Check the box if annualized on Form U.	27	.00
28	Tax due. If the total of lines 19 and 27 is larger than 26, subtract line 26 from the total of lines 19 and 27	28	50718.00
29	Overpayment. If line 26 is larger than the total of lines 19 and 27, subtract the total of lines 19 and 27 from line 26	29	.00
30	Enter amount from line 29 you want credited to 2015 estimated tax	30	.00
31	Subtract line 30 from line 29. This is your refund	31	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name Clothing Boutique Co
Federal Employer ID Number 44-9876543



Reconciliation With Federal Consolidated Return:

1 From the federal consolidated return(s), list the parent corporation(s) name, federal employer identification number (FEIN), and the amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 2.

Parent Company Name	FEIN	Form 1120, Line 28
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
Total from the sum of all Forms 1120, line 28 listed in number one above		1 _____ .00

2 List companies whose federal returns are not listed on line 1 that are in the Wisconsin combined group.

Company Name	FEIN	Form 1120, Line 28
Clothing Boutique Co	44-9876543	64200 .00
Board Games R Us Inc	53-1245896	64200 .00
Taxes and More Co	59-1234567	64200 .00
Total from the sum of all Forms 1120, line 28 listed in number two above		2 642000 .00

3 Add lines 1 and 2. 3 642000 .00

4 List companies who are included in the federal consolidated return from line 1, but are not Wisconsin combined group members.

Company Name	FEIN	Form 1120, Line 28
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
Total from the sum of all Forms 1120, line 28 listed in line 4 above		4 _____ .00

5 Subtract line 4 from line 3, this should equal Form 6, Part I, line 28 combined total 5 642000 .00

6 Enter the number of companies included in this combined return 6 10

7 Enter the federal net income of corporations in the commonly controlled group that are not in the federal consolidated return or this combined return. Submit a schedule identifying each corporation 7 .00

8 Enter total gross sales corresponding to amount on line 7 8 .00

9 City and state where books and records are located for audit purposes: City: Janesville State: WI

10 List the locations of Wisconsin operations: Janesville, Madison, Milwaukee

11 Person to contact concerning this return:

Last Name: Smit First Name: Sal
 Phone Number: 6 0 8 - 5 5 5 - 1 2 1 2 Email: sal.smit@aol.com

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) ▶

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 6, even if no Wisconsin activity.

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

See the instructions for a description of federal return information that must be filed with Form 6.

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

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Part I: Modified Federal Taxable Income

	Corporation Name:	Board Games R Us Inc	Taxes and More Co	Elimination Adjustments	Combined Totals
1	Net receipts or sales	64200.00	64200.00	.00	.00
2	a Intercompany sales	.00	.00	.00	.00
3	Cost of goods sold	.00	.00	.00	.00
4	Gross profit. Subtract line 2 from line 1	64200.00	64200.00	.00	.00
5	Dividends	.00	.00	.00	.00
6	Interest	.00	.00	.00	.00
7	Gross rents	.00	.00	.00	.00
8	Gross royalties	.00	.00	.00	.00
9	Capital gain net income	.00	.00	.00	.00
10	Net gain or loss from U.S. Form 4797	.00	.00	.00	.00
11	Other income	.00	.00	.00	.00
12	Total income. Add lines 3 through 10	64200.00	64200.00	.00	.00
13	Compensation of officers	.00	.00	.00	.00
14	Salaries and wages less employment credit	.00	.00	.00	.00
15	Repairs and maintenance	.00	.00	.00	.00
16	Bad debts	.00	.00	.00	.00
17	Rents	.00	.00	.00	.00
18	Taxes and licenses	.00	.00	.00	.00
19	Interest	.00	.00	.00	.00
20	Charitable contributions	.00	.00	.00	.00
21	Depreciation	.00	.00	.00	.00
22	Depletion	.00	.00	.00	.00
23	Advertising	.00	.00	.00	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Part I: Modified Federal Taxable Income

	Corporation Name:	Here We Are LLC	There Goes My Dog LLC	Sweeping Chimneys LLC	Elimination Adjustments	Combined Totals
1	Net receipts or sales	64200.00	64200.00	64200.00	.00	1 .00
a	Intercompany sales	.00	.00	.00	.00	1a .00
2	Cost of goods sold	.00	.00	.00	.00	2 .00
3	Gross profit. Subtract line 2 from line 1	64200.00	64200.00	64200.00	.00	3 .00
4	Dividends	.00	.00	.00	.00	4 .00
5	Interest	.00	.00	.00	.00	5 .00
6	Gross rents	.00	.00	.00	.00	6 .00
7	Gross royalties	.00	.00	.00	.00	7 .00
8	Capital gain net income	.00	.00	.00	.00	8 .00
9	Net gain or loss from U.S. Form 4797	.00	.00	.00	.00	9 .00
10	Other income	.00	.00	.00	.00	10 .00
11	Total income. Add lines 3 through 10	64200.00	64200.00	64200.00	.00	11 .00
12	Compensation of officers	.00	.00	.00	.00	12 .00
13	Salaries and wages less employment credit	.00	.00	.00	.00	13 .00
14	Repairs and maintenance	.00	.00	.00	.00	14 .00
15	Bad debts	.00	.00	.00	.00	15 .00
16	Rents	.00	.00	.00	.00	16 .00
17	Taxes and licenses	.00	.00	.00	.00	17 .00
18	Interest	.00	.00	.00	.00	18 .00
19	Charitable contributions	.00	.00	.00	.00	19 .00
20	Depreciation	.00	.00	.00	.00	20 .00
21	Depletion	.00	.00	.00	.00	21 .00
22	Advertising	.00	.00	.00	.00	22 .00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Part I: Modified Federal Taxable Income

	Corporation Name:	Holiday Shopping LLC	Snakes and Lizards Inc	Pen and Paper Co	Elimination Adjustments	Combined Totals
1	Net receipts or sales	64200.00	64200.00	64200.00	.00	1 .00
a	Intercompany sales	.00	.00	.00	.00	1a .00
2	Cost of goods sold	.00	.00	.00	.00	2 .00
3	Gross profit. Subtract line 2 from line 1	64200.00	64200.00	64200.00	.00	3 .00
4	Dividends	.00	.00	.00	.00	4 .00
5	Interest	.00	.00	.00	.00	5 .00
6	Gross rents	.00	.00	.00	.00	6 .00
7	Gross royalties	.00	.00	.00	.00	7 .00
8	Capital gain net income	.00	.00	.00	.00	8 .00
9	Net gain or loss from U.S. Form 4797	.00	.00	.00	.00	9 .00
10	Other income	.00	.00	.00	.00	10 .00
11	Total income. Add lines 3 through 10	64200.00	64200.00	64200.00	.00	11 .00
12	Compensation of officers	.00	.00	.00	.00	12 .00
13	Salaries and wages less employment credit	.00	.00	.00	.00	13 .00
14	Repairs and maintenance	.00	.00	.00	.00	14 .00
15	Bad debts	.00	.00	.00	.00	15 .00
16	Rents	.00	.00	.00	.00	16 .00
17	Taxes and licenses	.00	.00	.00	.00	17 .00
18	Interest	.00	.00	.00	.00	18 .00
19	Charitable contributions	.00	.00	.00	.00	19 .00
20	Depreciation	.00	.00	.00	.00	20 .00
21	Depletion	.00	.00	.00	.00	21 .00
22	Advertising	.00	.00	.00	.00	22 .00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Part I: Modified Federal Taxable Income

	Corporation Name:	Sweet Candy Life Co				Elimination Adjustments	Combined Totals
1	Net receipts or sales	64200.00				.00	1 642000.00
2	a Intercompany sales	.00				.00	1a .00
3	Cost of goods sold	.00				.00	2 .00
4	Gross profit. Subtract line 2 from line 1	64200.00				.00	3 642000.00
5	Dividends	.00				.00	4 .00
6	Interest	.00				.00	5 .00
7	Gross rents	.00				.00	6 .00
8	Gross royalties	.00				.00	7 .00
9	Capital gain net income	.00				.00	8 .00
10	Net gain or loss from U.S. Form 4797	.00				.00	9 .00
11	Other income	.00				.00	10 .00
12	Total income. Add lines 3 through 10	64200.00				.00	11 642000.00
13	Compensation of officers	.00				.00	12 .00
14	Salaries and wages less employment credit	.00				.00	13 .00
15	Repairs and maintenance	.00				.00	14 .00
16	Bad debts	.00				.00	15 .00
17	Rents	.00				.00	16 .00
18	Taxes and licenses	.00				.00	17 .00
19	Interest	.00				.00	18 .00
20	Charitable contributions	.00				.00	19 .00
21	Depreciation	.00				.00	20 .00
22	Depletion	.00				.00	21 .00
23	Advertising	.00				.00	22 .00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



	Clothing Boutique Co 44-9876543	Board Games R Us Inc 53-1245896	Taxes and More Co 59-1234567	Elimination Adjustments	Combined Totals
23	Pension plan, etc. ....	.00	.00	.00	.00
24	Employee benefit programs .....	.00	.00	.00	.00
25	Domestic production activities deduction .....	.00	.00	.00	.00
26	Other deductions .....	.00	.00	.00	.00
27	Total deductions. Add lines 12 through 26. ..	0.00	0.00	0.00	0.00
28	Taxable income or loss. Subtract line 27 from line 11. The combined total should equal Form 6, Page 2, line 5	64200.00	64200.00	64200.00	64200.00
29	Net capital gains included on line 28 (enter as a negative amount) .....	.00	.00	.00	.00
30	Recomputed net capital gain, applying capital loss limitation at combined group level .....	.00	.00	.00	.00
31	Sum of charitable contributions deduction, net section 1231 losses, and losses from involun- tary conversions included on line 28 (enter as a positive amount) .....	.00	.00	.00	.00
32	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying lim- itations at combined group level (enter as a negative amount) .....	.00	.00	.00	.00
33	Adjustment to defer or recognize intercompany income, expense, gain, or loss between group members .....	.00	.00	.00	.00
34	Other adjustments based on federal law (explain on an attached statement) .....	.00	.00	.00	.00
35	Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page	64200.00	64200.00	64200.00	64200.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co**
 Federal Employer ID Number: **44-9876543**



	Corporation Name:	Here We Are LLC	There Goes My Dog LLC	Sweeping Chimneys LLC	Elimination Adjustments	Combined Totals
FEIN:	50-1425698	52-4785126	60-1234567			
23	Pension plan, etc.	.00	.00	.00	.00	.00
24	Employee benefit programs	.00	.00	.00	.00	.00
25	Domestic production activities deduction	.00	.00	.00	.00	.00
26	Other deductions	.00	.00	.00	.00	.00
27	Total deductions. Add lines 12 through 26.	0.00	0.00	0.00	.00	0.00
28	Taxable income or loss. Subtract line 27 from line 11. The combined total should equal Form 6, Page 2, line 5.	64200.00	64200.00	64200.00	.00	.00
29	Net capital gains included on line 28 (enter as a negative amount).	.00	.00	.00	.00	.00
30	Recomputed net capital gain, applying capital loss limitation at combined group level.	.00	.00	.00	.00	.00
31	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive amount).	.00	.00	.00	.00	.00
32	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount).	.00	.00	.00	.00	.00
33	Adjustment to defer or recognize intercompany income, expense, gain, or loss between group members.	.00	.00	.00	.00	.00
34	Other adjustments based on federal law (explain on an attached statement).	.00	.00	.00	.00	.00
35	Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page.	64200.00	64200.00	64200.00	.00	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



	Holiday Shopping LLC 6 1 - 1 2 3 4 5 6 7	Snakes and Lizards Inc 4 5 - 9 8 7 6 5 4 3	Pen and Paper Co 5 5 - 6 5 4 9 8 7 3	Elimination Adjustments	Combined Totals
23 Pension plan, etc.	.00	.00	.00	.00	.00
24 Employee benefit programs	.00	.00	.00	.00	.00
25 Domestic production activities deduction	.00	.00	.00	.00	.00
26 Other deductions	.00	.00	.00	.00	.00
27 Total deductions. Add lines 12 through 26.	0.00	0.00	0.00	.00	0.00
28 Taxable income or loss. Subtract line 27 from line 11. The combined total should equal Form 6, Page 2, line 5.	64200.00	64200.00	64200.00	.00	.00
29 Net capital gains included on line 28 (enter as a negative amount).	.00	.00	.00	.00	.00
30 Recaptured net capital gain, applying capital loss limitation at combined group level.	.00	.00	.00	.00	.00
31 Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive amount).	.00	.00	.00	.00	.00
32 Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount).	.00	.00	.00	.00	.00
33 Adjustment to defer or recognize intercompany income, expense, gain, or loss between group members.	.00	.00	.00	.00	.00
34 Other adjustments based on federal law (explain on an attached statement).	.00	.00	.00	.00	.00
35 Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page.	64200.00	64200.00	64200.00	.00	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



	Corporation Name:	Sweet Candy Life Co	FEIN:	57-9876543			Elimination Adjustments	Combined Totals	
23	Pension plan, etc.						.00	23	.00
24	Employee benefit programs						.00	24	.00
25	Domestic production activities deduction						.00	25	.00
26	Other deductions						.00	26	.00
27	Total deductions. Add lines 12 through 26.						0.00	27	0.00
28	Taxable income or loss. Subtract line 27 from line 11. The combined total should equal Form 6, Page 2, line 5.						.00	28	642000.00
29	Net capital gains included on line 28 (enter as a negative amount).						.00	29	.00
30	Recomputed net capital gain, applying capital loss limitation at combined group level.						.00	30	.00
31	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a positive amount).						.00	31	.00
32	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount).						.00	32	.00
33	Adjustment to defer or recognize intercompany income, expense, gain, or loss between group members.						.00	33	.00
34	Other adjustments based on federal law (explain on an attached statement).						.00	34	.00
35	Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page.						.00	35	642000.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Part II: Unitary Income Computation

Corporation Name: **Clothing Boutique Co** Board Games R Us Inc Taxes and More Co
 FEIN: **44-9876543** **53-1245896** **59-1234567**
 Elimination Adjustments Combined Totals

1	Modified federal taxable income from Part I, line 35	64200.00	64200.00	64200.00	.00	1	.00
2	Additions to income:						
a	Interest income from state and municipal obligations	.00	.00	.00	.00	2a	.00
b	State taxes accrued or paid	.00	.00	.00	.00	2b	.00
c	Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	.00	.00	.00	.00	2c	.00
d	Domestic production activities deduction	.00	.00	.00	.00	2d	.00
e	Expenses related to nontaxable income	.00	.00	.00	.00	2e	.00
f	Percentage depletion	.00	.00	.00	.00	2f	.00
g	Total additions for certain credits computed	.00	.00	.00	.00	2g	.00
h	Special additions for insurance companies	.00	.00	.00	.00	2h	.00
i	Basis, section 179, depreciation difference	.00	.00	.00	.00	2i	.00
j	Other additions:						
i	i	.00	.00	.00	.00	2i-i	.00
ii	ii	.00	.00	.00	.00	2i-ii	.00
iii	iii	.00	.00	.00	.00	2i-iii	.00
iv	iv	.00	.00	.00	.00	2i-iv	.00
k	Add lines 2i-i through 2i-iv	.00	.00	.00	.00	2k	.00
l	Total additions (add lines 2a through 2i plus line 2k)	.00	.00	.00	.00	2l	.00
3	Total (add lines 1 and 2l)	64200.00	64200.00	64200.00	.00	3	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Part II: Unitary Income Computation

Corporation Name: **Here We Are LLC** There Goes My Dog L~~LC~~ Sweeping Chimneys L~~LC~~
 FEIN: **50-1425698** **52-4785126** **60-1234567** Elimination Adjustments Combined Totals

1	Modified federal taxable income from Part I, line 35	64200.00	64200.00	64200.00	64200.00	.00	1	642000.00
2	Additions to income:							
a	Interest income from state and municipal obligations	.00	.00	.00	.00	.00	2a	.00
b	State taxes accrued or paid	.00	.00	.00	.00	.00	2b	.00
c	Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	.00	.00	.00	.00	.00	2c	.00
d	Domestic production activities deduction	.00	.00	.00	.00	.00	2d	.00
e	Expenses related to nontaxable income	.00	.00	.00	.00	.00	2e	.00
f	Percentage depletion	.00	.00	.00	.00	.00	2f	.00
g	Total additions for certain credits computed	.00	.00	.00	.00	.00	2g	.00
h	Special additions for insurance companies	.00	.00	.00	.00	.00	2h	.00
i	Basis, section 179, depreciation difference	.00	.00	.00	.00	.00	2i	.00
j	Other additions:							
i	i	.00	.00	.00	.00	.00	2j-i	.00
ii	ii	.00	.00	.00	.00	.00	2j-ii	.00
iii	iii	.00	.00	.00	.00	.00	2j-iii	.00
iv	iv	.00	.00	.00	.00	.00	2j-iv	.00
k	Add lines 2j-i through 2j-iv	.00	.00	.00	.00	.00	2k	.00
l	Total additions (add lines 2a through 2i plus line 2k)	.00	.00	.00	.00	.00	2l	.00
3	Total (add lines 1 and 2l)	64200.00	64200.00	64200.00	64200.00	.00	3	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co**
 Federal Employer ID Number: **44-9876543**



Part II: Unitary Income Computation

Corporation Name: **Holiday Shopping LLC** **Snakes and Lizards Inc** **Pen and Paper Co**
 FEIN: **61-1234567** **45-9876543** **55-6549873**
 Elimination Adjustments Combined Totals

1 Modified federal taxable income from Part I, line 35.....	64200.00	64200.00	64200.00	.00	1	.00
2 Additions to income:						
a Interest income from state and municipal obligations .....	.00	.00	.00	.00	2a	.00
b State taxes accrued or paid .....	.00	.00	.00	.00	2b	.00
c Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1) .....	.00	.00	.00	.00	2c	.00
d Domestic production activities deduction .....	.00	.00	.00	.00	2d	.00
e Expenses related to nontaxable income .....	.00	.00	.00	.00	2e	.00
f Percentage depletion .....	.00	.00	.00	.00	2f	.00
g Total additions for certain credits computed .....	.00	.00	.00	.00	2g	.00
h Special additions for insurance companies .....	.00	.00	.00	.00	2h	.00
i Basis, section 179, depreciation difference .....	.00	.00	.00	.00	2i	.00
j Other additions:						
i _____	.00	.00	.00	.00	2i-i	.00
ii _____	.00	.00	.00	.00	2i-ii	.00
iii _____	.00	.00	.00	.00	2i-iii	.00
iv _____	.00	.00	.00	.00	2i-iv	.00
k Add lines 2i-i through 2i-iv .....	.00	.00	.00	.00	2k	.00
l Total additions (add lines 2a through 2i plus line 2k) .....	.00	.00	.00	.00	2l	.00
3 Total (add lines 1 and 2l)	64200.00	64200.00	64200.00	.00	3	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name

Clothing Boutique Co

Federal Employer ID Number

44-9876543



Corporation Name:

Clothing Boutique Co

Board Games R Us Inc

Taxes and More Co

FEIN:

44-9876543

53-1245896

59-1234567

Elimination
Adjustments

Combined
Totals

4 Subtractions from income:

a	Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	.00	.00	.00	.00	.00	.00	4a	.00
b	Related entity expenses eligible for subtraction	.00	.00	.00	.00	.00	.00	4b	.00
c	Income from related entities whose expenses were disallowed	.00	.00	.00	.00	.00	.00	4c	.00
d	Subpart F income	.00	.00	.00	.00	.00	.00	4d	.00
e	Gross-up of foreign dividend income	.00	.00	.00	.00	.00	.00	4e	.00
f	Nontaxable income	.00	.00	.00	.00	.00	.00	4f	.00
g	Foreign taxes	.00	.00	.00	.00	.00	.00	4g	.00
h	Cost depletion	.00	.00	.00	.00	.00	.00	4h	.00
i	Basis, section 179, depreciation difference, amortization of assets	.00	.00	.00	.00	.00	.00	4i	.00
j	Federal work opportunity credit wages	.00	.00	.00	.00	.00	.00	4j	.00
k	Federal research credit expenses	.00	.00	.00	.00	.00	.00	4k	.00
l	Other subtractions:								
i	i	.00	.00	.00	.00	.00	.00	4l-i	.00
ii	ii	.00	.00	.00	.00	.00	.00	4l-ii	.00
iii	iii	.00	.00	.00	.00	.00	.00	4l-iii	.00
iv	iv	.00	.00	.00	.00	.00	.00	4l-iv	.00
m	Add lines 4l-i through 4l-iv	.00	.00	.00	.00	.00	.00	4m	.00
n	Nontaxable income from life insurance operations	.00	.00	.00	.00	.00	.00	4n	.00
o	Job creation deduction (from line 7 of Schedule JC)	.00	.00	.00	.00	.00	.00	4o	.00
p	Total subtractions (add lines 4a through 4k, plus 4m through 4o)	.00	.00	.00	.00	.00	.00	4p	.00
5	Total (subtract line 4p from line 3)	64200.00	64200.00	64200.00	64200.00	64200.00	64200.00	5	.00
6	Net nonapportionable and separately apportioned income from Form N, line 8	0.00	0.00	0.00	0.00	0.00	0.00	6	.00
7	Pre-apportioned income. Subtract line 6 from line 5	64200.00	64200.00	64200.00	64200.00	64200.00	64200.00	7	.00
8	Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1							8	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co**
 Federal Employer ID Number: **44-9876543**



Corporation Name: **Here We Are LLC** There Goes My Dog **LLC** Sweeping Chimneys **LLC**
 FEIN: **50-1425698** **52-4785126** **60-1234567**

Elimination Adjustments Combined Totals

4 Subtractions from income:

a	Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	.00	.00	.00	.00	.00	.00	4a	.00
b	Related entity expenses eligible for subtraction	.00	.00	.00	.00	.00	.00	4b	.00
c	Income from related entities whose expenses were disallowed	.00	.00	.00	.00	.00	.00	4c	.00
d	Subpart F income	.00	.00	.00	.00	.00	.00	4d	.00
e	Gross-up of foreign dividend income	.00	.00	.00	.00	.00	.00	4e	.00
f	Nontaxable income	.00	.00	.00	.00	.00	.00	4f	.00
g	Foreign taxes	.00	.00	.00	.00	.00	.00	4g	.00
h	Cost depletion	.00	.00	.00	.00	.00	.00	4h	.00
i	Basis, section 179, depreciation difference, amortization of assets	.00	.00	.00	.00	.00	.00	4i	.00
j	Federal work opportunity credit wages	.00	.00	.00	.00	.00	.00	4j	.00
k	Federal research credit expenses	.00	.00	.00	.00	.00	.00	4k	.00
l	Other subtractions:								
	i	.00	.00	.00	.00	.00	.00	4l-i	.00
	ii	.00	.00	.00	.00	.00	.00	4l-ii	.00
	iii	.00	.00	.00	.00	.00	.00	4l-iii	.00
	iv	.00	.00	.00	.00	.00	.00	4l-iv	.00
m	Add lines 4l-i through 4l-iv	.00	.00	.00	.00	.00	.00	4m	.00
n	Nontaxable income from life insurance operations	.00	.00	.00	.00	.00	.00	4n	.00
o	Job creation deduction (from line 7 of Schedule JC)	.00	.00	.00	.00	.00	.00	4o	.00
p	Total subtractions (add lines 4a through 4k, plus 4m through 4o)	.00	.00	.00	.00	.00	.00	4p	.00
5	Total (subtract line 4p from line 3)	64200.00	64200.00	64200.00	64200.00	64200.00	64200.00	5	.00
6	Net nonapportionable and separately apportioned income from Form N, line 8	0.00	0.00	0.00	0.00	0.00	0.00	6	.00
7	Pre-apportioned income. Subtract line 6 from line 5	64200.00	64200.00	64200.00	64200.00	64200.00	64200.00	7	.00
8	Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1							8	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Corporation Name: **Holiday Shopping LLC** Snakes and Lizards Inc Pen and Paper Co
 FEIN: **61-1234567** **45-9876543** **55-6549873**

Elimination Adjustments Combined Totals

4 Subtractions from income:

a	Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	.00	.00	.00	.00	.00	4a	.00
b	Related entity expenses eligible for subtraction	.00	.00	.00	.00	.00	4b	.00
c	Income from related entities whose expenses were disallowed	.00	.00	.00	.00	.00	4c	.00
d	Subpart F income	.00	.00	.00	.00	.00	4d	.00
e	Gross-up of foreign dividend income	.00	.00	.00	.00	.00	4e	.00
f	Nontaxable income	.00	.00	.00	.00	.00	4f	.00
g	Foreign taxes	.00	.00	.00	.00	.00	4g	.00
h	Cost depletion	.00	.00	.00	.00	.00	4h	.00
i	Basis, section 179, depreciation difference, amortization of assets	.00	.00	.00	.00	.00	4i	.00
j	Federal work opportunity credit wages	.00	.00	.00	.00	.00	4j	.00
k	Federal research credit expenses	.00	.00	.00	.00	.00	4k	.00
l	Other subtractions:							
	i	.00	.00	.00	.00	.00	4l-i	.00
	ii	.00	.00	.00	.00	.00	4l-ii	.00
	iii	.00	.00	.00	.00	.00	4l-iii	.00
	iv	.00	.00	.00	.00	.00	4l-iv	.00
m	Add lines 4l-i through 4l-iv	.00	.00	.00	.00	.00	4m	.00
n	Nontaxable income from life insurance operations	.00	.00	.00	.00	.00	4n	.00
o	Job creation deduction (from line 7 of Schedule JC)	.00	.00	.00	.00	.00	4o	.00
p	Total subtractions (add lines 4a through 4k, plus 4m through 4o)	.00	.00	.00	.00	.00	4p	.00
5	Total (subtract line 4p from line 3)	64200.00	64200.00	64200.00	64200.00	64200.00	5	.00
6	Net nonapportionable and separately apportioned income from Form N, line 8	0.00	0.00	0.00	0.00	0.00	6	.00
7	Pre-apportioned income. Subtract line 6 from line 5	64200.00	64200.00	64200.00	64200.00	64200.00	7	.00
8	Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1	64200.00	64200.00	64200.00	64200.00	64200.00	8	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Corporation Name: **Sweet Candy Life Co**
 FEIN: **57-9876543**

Elimination Adjustments
 Combined Totals

4 Subtractions from income:

a	Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	.00	.00	.00	.00	.00	4a	.00
b	Related entity expenses eligible for subtraction	.00	.00	.00	.00	.00	4b	.00
c	Income from related entities whose expenses were disallowed	.00	.00	.00	.00	.00	4c	.00
d	Subpart F income	.00	.00	.00	.00	.00	4d	.00
e	Gross-up of foreign dividend income	.00	.00	.00	.00	.00	4e	.00
f	Nontaxable income	.00	.00	.00	.00	.00	4f	.00
g	Foreign taxes	.00	.00	.00	.00	.00	4g	.00
h	Cost depletion	.00	.00	.00	.00	.00	4h	.00
i	Basis, section 179, depreciation difference, amortization of assets	.00	.00	.00	.00	.00	4i	.00
j	Federal work opportunity credit wages	.00	.00	.00	.00	.00	4j	.00
k	Federal research credit expenses	.00	.00	.00	.00	.00	4k	.00
l	Other subtractions:							
i	i	.00	.00	.00	.00	.00	4l-i	.00
ii	ii	.00	.00	.00	.00	.00	4l-ii	.00
iii	iii	.00	.00	.00	.00	.00	4l-iii	.00
iv	iv	.00	.00	.00	.00	.00	4l-iv	.00
m	Add lines 4l-i through 4l-iv	.00	.00	.00	.00	.00	4m	.00
n	Nontaxable income from life insurance operations	.00	.00	.00	.00	.00	4n	.00
o	Job creation deduction (from line 7 of Schedule JC)	.00	.00	.00	.00	.00	4o	.00
p	Total subtractions (add lines 4a through 4k, plus 4m through 4o)	.00	.00	.00	.00	.00	4p	.00
5	Total (subtract line 4p from line 3)	64200.00	.00	.00	.00	.00	5	64200.00
6	Net nonapportionable and separately apportioned income from Form N, line 8	0.00	0.00	0.00	0.00	0.00	6	.00
7	Pre-apportioned income. Subtract line 6 from line 5	64200.00	.00	.00	.00	.00	7	.00
8	Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1						8	64200.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Part III: Member's Share of Form 6 Items

Corporation Name: **Clothing Boutique Co** Board Games R Us Inc Taxes and More Co
 FEIN: **44-9876543** **53-1245896** **59-1234567**
 Combined Totals

Line	Description	Clothing Boutique Co	Board Games R Us Inc	Taxes and More Co	Combined Totals
1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2	64200.00	64200.00	64200.00	.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2	64200.00	64200.00	64200.00	.00
1c	Enter combined total amount from line 1b	642000.00	642000.00	642000.00	.00
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c. Check if apportionment is from Form A-2	0.100000%	0.100000%	0.100000%	0.000000%
2	Multiply Part II, line 8, by line 1d	64200.00	64200.00	64200.00	.00
3	Adjustment for current year loss offset (see instructions)	.00	.00	.00	.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	.00	.00	.00	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e)	.00	.00	.00	.00
6	Loss adjustment for insurance companies (from Schedule 6I, line 24)	.00	.00	.00	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form)	.00	.00	.00	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7)	64200.00	64200.00	64200.00	.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions)	5072.00	5072.00	5072.00	.00
10	Nonrefundable credits (from Part V, line 5 of this form)	.00	.00	.00	.00
11	Economic development surcharge:				
a	Enter gross receipts from all activities	89000.00	98000.00	189000.00	.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Form 6, Part III, line 9	.00	.00	.00	.00
c	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25. If the result is more than \$9,800, fill in \$9,800	.00	.00	.00	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part III: Member's Share of Form 6 Items

Corporation Name: **Here We Are LLC** There Goes My Dog **LLC** Sweeping Chimneys **LLC**
 FEIN: **50-1425698** **52-4785126** **60-1234567**

Combined Totals

Line	Description	Here We Are LLC	There Goes My Dog LLC	Sweeping Chimneys LLC	Combined Totals
1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2	64200.00	64200.00	64200.00	.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2	64200.00	64200.00	64200.00	.00
1c	Enter combined total amount from line 1b	64200.00	64200.00	64200.00	.00
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c. Check if apportionment is from Form A-2	0.100000%	0.100000%	0.100000%	0.000000%
2	Multiply Part II, line 8, by line 1d	64200.00	64200.00	64200.00	.00
3	Adjustment for current year loss offset (see instructions)	.00	.00	.00	.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	.00	.00	.00	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e)	.00	.00	.00	.00
6	Loss adjustment for insurance companies (from Schedule 6I, line 24)	.00	.00	.00	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form)	.00	.00	.00	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7)	64200.00	64200.00	64200.00	.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions)	5072.00	5072.00	5072.00	.00
10	Nonrefundable credits (from Part V, line 5 of this form)	.00	.00	.00	.00
11	Economic development surcharge:				
a	Enter gross receipts from all activities	89000.00	98000.00	189000.00	.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Form 6, Part III, line 9	.00	.00	.00	.00
c	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25. If the result is more than \$9,800, fill in \$9,800	.00	.00	.00	.00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part III: Member's Share of Form 6 Items

Corporation Name: **Holiday Shopping LLC** Snakes and Lizards Inc Pen and Paper Co
 FEIN: **61-1234567** **45-9876543** **55-6549873**

Combined
Totals

1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2.....	64200.00	64200.00	64200.00	1a	.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2.....	64200.00	64200.00	64200.00	1b	.00
1c	Enter combined total amount from line 1b...	642000.00	642000.00	642000.00	1c	.00
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c. Check if apportionment is from Form A-2....	0.100000%	0.100000%	0.100000%	1d	0.000000%
2	Multiply Part II, line 8, by line 1d.	64200.00	64200.00	64200.00	2	.00
3	Adjustment for current year loss offset (see instructions).....	.00	.00	.00	3	.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14).....	.00	.00	.00	4	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e).....	.00	.00	.00	5	.00
6	Loss adjustment for insurance companies (from Schedule 6I, line 24).....	.00	.00	.00	6	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form).....	.00	.00	.00	7	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7).....	64200.00	64200.00	64200.00	8	.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions).....	5072.00	5072.00	5072.00	9	.00
10	Nonrefundable credits (from Part V, line 5 of this form).....	.00	.00	.00	10	.00
11	Economic development surcharge:					
a	Enter gross receipts from all activities.....	89000.00	98000.00	189000.00	11a	.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Form 6, Part III, line 9.....	.00	.00	.00	11b	.00
c	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25. If the result is more than \$9,800, fill in \$9,800.	.00	.00	.00	11c	.00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part III: Member's Share of Form 6 Items

Corporation Name: **Sweet Candy Life Co**
 FEIN: **57-9876543**

Combined
Totals

1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2	64200.00	.00	.00	1a	64200.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2	64200.00	.00	.00	1b	64200.00
1c	Enter combined total amount from line 1b	64200.00	.00	.00		
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c. Check if apportionment is from Form A-2	0 1 0 . 0 0 0 0 %	%	%	1d	1 0 0 . 0 0 0 0 %
2	Multiply Part II, line 8, by line 1d	64200.00	.00	.00	2	64200.00
3	Adjustment for current year loss offset (see instructions)	.00	.00	.00	3	.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	.00	.00	.00	4	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e)	.00	.00	.00	5	.00
6	Loss adjustment for insurance companies (from Schedule 6I, line 24)	.00	.00	.00	6	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form)	.00	.00	.00	7	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7)	64200.00	.00	.00	8	64200.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions)	5072.00	.00	.00	9	5072.00
10	Nonrefundable credits (from Part V, line 5 of this form)	.00	.00	.00	10	.00
11	Economic development surcharge:					
a	Enter gross receipts from all activities	89000.00	.00	.00	11a	1217000.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Form 6, Part III, line 9	.00	.00	.00	11b	.00
c	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25. If the result is more than \$9,800, fill in \$9,800	.00	.00	.00	11c	.00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Corporation Name: **Sweet Candy Life Co**
 FEIN: **57-9876543**



Combined Totals

12 Wisconsin tax withheld (see instructions)00 .00 .00

13 Refundable credits. For each credit, enter code from instructions and amount00 .00 .00

Part IV: Wisconsin Net Business Loss Carryforward

1 Member's portion of combined unitary income from Part III, line 2 plus line 300 .00 .00

2 Member's net nonapportionable and separately apportioned income from Part III, line 400 .00 .00

3 Add lines 1 and 200 .00 .00

4 Member's net capital loss adjustment from Part III, line 5 (enter as a positive number)00 .00 .00

5 Subtract line 4 from line 300 .00 .00

6 Member's net business loss carryforward from Form 6BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period00 .00 .00

7 Enter the lesser of line 5 or line 6, but not less than zero00 .00 .00

8 Subtract line 7 from line 500 .00 .00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Corporation Name: **Clothing Boutique co** Board Games R Us Inc Taxes And More Co
 FEIN: **44-9876543** **53-1245896** **59-1234567**



Line	Description	Amount	Amount	Amount
9	Member's net business loss carryforward from Form 6BL, Part II, line 30, columns (j) and (k) (Sharable) or the amount this member elected to use this period.	.00	.00	.00
10	Enter the lesser of line 8 or line 9, but not less than zero.	.00	.00	.00
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward.	.00	.00	.00
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members.	.00	.00	.00
13	Sharable net business loss carryforward amount being shared with other members.	.00	.00	.00
14	Sharable net business loss carryforward amount being shared with this member.	.00	.00	.00
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carry-forwards.	.00	.00	.00
16	Pre-2009 sharable net business loss carryforward being shared with other members.	.00	.00	.00
17	Pre-2009 sharable net business loss carryforward being shared with this member.	.00	.00	.00
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7.	0.00	0.00	0.00
Combined Totals				0.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Corporation Name: **Here We Are LLC** There Goes My Dog LLC Sweeping Chimneys Inc

FEIN: **5 0 - 1 4 2 5 6 9 8** **5 2 - 4 7 8 5 1 2 6** **6 0 - 1 2 3 4 5 6 7**



Line	Description	Here We Are LLC	There Goes My Dog LLC	Sweeping Chimneys Inc	Combined Totals
9	Member's net business loss carryforward from Form 6BL, Part II, line 30, columns (j) and (k) (Sharable) or the amount this member elected to use this period.	.00	.00	.00	.00
10	Enter the lesser of line 8 or line 9, but not less than zero.	.00	.00	.00	.00
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward.	.00	.00	.00	.00
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members.	.00	.00	.00	.00
13	Sharable net business loss carryforward amount being shared with other members.	.00	.00	.00	.00
14	Sharable net business loss carryforward amount being shared with this member.	.00	.00	.00	.00
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carry-forwards.	.00	.00	.00	.00
16	Pre-2009 sharable net business loss carryforward being shared with other members.	.00	.00	.00	.00
17	Pre-2009 sharable net business loss carryforward being shared with this member.	.00	.00	.00	.00
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7.	0.00	0.00	0.00	0.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Corporation Name: **Holiday Shopping LLC** Snakes and Lizards Inc Pen and Paper Co
 FEIN: **6 1 - 1 2 3 4 5 6 7 4 5 - 9 8 7 6 5 4 3 5 5 - 6 5 4 9 8 7 3**



Line	Description	6	1	2	3	4	5	6	7	4	5	9	8	7	6	5	4	3	5	5	6	5	4	9	8	7	3	Combined Totals
9	Member's net business loss carryforward from Form 6BL, Part II, line 30, columns (j) and (k) (Sharable) or the amount this member elected to use this period.																										.00	
10	Enter the lesser of line 8 or line 9, but not less than zero.																										.00	
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward.																										.00	
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members.																										.00	
13	Sharable net business loss carryforward amount being shared with other members.																										.00	
14	Sharable net business loss carryforward amount being shared with this member.																										.00	
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carry-forwards.																										.00	
16	Pre-2009 sharable net business loss carryforward being shared with other members.																										.00	
17	Pre-2009 sharable net business loss carryforward being shared with this member.																										.00	
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7.																										.00	

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Corporation Name: **Sweet Candy Life Co**

FEIN: **57-9876543**



Line	Description	9	10	11	12	13	14	15	16	17	18	Combined Totals
9	Member's net business loss carryforward from Form 6BL, Part II, line 30, columns (j) and (k) (Sharable) or the amount this member elected to use this period.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
10	Enter the lesser of line 8 or line 9, but not less than zero.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
11	Subtract line 10 from line 9. This is your remaining sharable net business loss carryforward.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
12	Subtract line 7 and 10 from line 5. This is remaining income before sharing with other members.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
13	Sharable net business loss carryforward amount being shared with other members.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
14	Sharable net business loss carryforward amount being shared with this member.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carry-forwards.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
16	Pre-2009 sharable net business loss carryforward being shared with other members.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
17	Pre-2009 sharable net business loss carryforward being shared with this member.	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, line 7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part V: Nonrefundable Credits

Corporation Name: Clothing Boutique co Board Games R Us Inc Taxes And More Co
 FEIN: 44-9876543 53-1245896 59-1234567

1 Summary of available nonrefundable credits from credit schedules:		1a	_____	.00	_____	.00	_____	.00
		1b	_____	.00	_____	.00	_____	.00
		1c	_____	.00	_____	.00	_____	.00
		1d	_____	.00	_____	.00	_____	.00
		1e	_____	.00	_____	.00	_____	.00
		1f	_____	.00	_____	.00	_____	.00
		1g	_____	.00	_____	.00	_____	.00
	Add lines 1a through 1g.....	1h	_____	.00	_____	.00	_____	.00
2 Enter the member's gross tax from Part III, line 9		2	_____	.00	_____	.00	_____	.00
3 Enter the lesser of line 1h or line 2 (see instructions for exception)		3	_____	.00	_____	.00	_____	.00
4 If line 2 is less than line 1h and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 4 ..		4	_____	.00	_____	.00	_____	.00
5 Add lines 3 and 4. This is the amount to enter on Part III, line 10.....		5	_____	.00	_____	.00	_____	.00

Combined Totals

1h _____ .00

2 _____ .00

3 _____ .00

4 _____ .00

5 _____ .00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Part V: Nonrefundable Credits

Corporation Name: Holiday Shopping LLC Snakes and Lizards Inc Pen and Paper Co
 FEIN: 6 1 - 1 2 3 4 5 6 7 4 5 - 9 8 7 6 5 4 3 5 5 - 6 5 4 9 8 7 3

1 Summary of available nonrefundable credits from credit schedules:		1a	.00	.00	.00
		1b	.00	.00	.00
		1c	.00	.00	.00
		1d	.00	.00	.00
		1e	.00	.00	.00
		1f	.00	.00	.00
		1g	.00	.00	.00
		1h	.00	.00	.00
Add lines 1a through 1g.....		1h	.00	.00	.00
2 Enter the member's gross tax from Part III, line 9		2	.00	.00	.00
3 Enter the lesser of line 1h or line 2 (see instructions for exception)		3	.00	.00	.00
4 If line 2 is less than line 1h and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 4 ..		4	.00	.00	.00
5 Add lines 3 and 4. This is the amount to enter on Part III, line 10.....		5	.00	.00	.00
		Combined Totals			
		1h	.00		
		2	.00		
		3	.00		
		4	.00		
		5	.00		

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part V: Nonrefundable Credits

Corporation Name: **Here We Are LLC** There Goes My Dog **LLC** Sweeping Chimneys Inc
 FEIN: **50-1425698** **52-4785126** **60-1234567**

1 Summary of available nonrefundable credits from credit schedules:

1a	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1b	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1c	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1d	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1e	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1f	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1g	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
1h	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	<input type="checkbox"/>	.00	
Add lines 1a through 1g.....1h							
2	Enter the member's gross tax from Part III, line 9.....						.00
3	Enter the lesser of line 1h or line 2 (see instructions for exception).....						.00
4	If line 2 is less than line 1h and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 4.....						.00
5	Add lines 3 and 4. This is the amount to enter on Part III, line 10.....						.00

Combined Totals

1h _____ .00
 2 _____ .00
 3 _____ .00
 4 _____ .00
 5 _____ .00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**

Part V: Nonrefundable Credits

Corporation Name: **Sweet Candy Life Co**
 FEIN: **57-9876543**

1	1a	1b	1c	1d	1e	1f	1g	1h	1i
Summary of available nonrefundable credits from credit schedules:	.00	.00	.00	.00	.00	.00	.00	.00	.00
2	.00	.00	.00	.00	.00	.00	.00	.00	.00
3	.00	.00	.00	.00	.00	.00	.00	.00	.00
4	.00	.00	.00	.00	.00	.00	.00	.00	.00
5	.00	.00	.00	.00	.00	.00	.00	.00	.00
Combined Totals	.00	.00	.00	.00	.00	.00	.00	.00	.00



2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name: Clothing Boutique co Board Games R Us Inc Taxes And More Co

Street Address/PO Box: 848 S Main St 456 N Stoughton St 789 W Main St

City, State: Lubbock TX Madison WI Madison WI

Zip Code: 75489 53713 53713

FEIN: 44-9876543 53-1245896 59-1234567

NAICS: 525920 525920 525920

	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
1 Member's state and year of incorporation	TX 1962	WI 1964	WI 1964	WI 1974	WI 1974	WI 1974	WI 1974	WI 1974
2 Corporation's tax period included in this return:	01012014	01012014	01012014	01012014	01012014	01012014	01012014	01012014
3 Member's taxable year end	1231	1231	1231	1231	1231	1231	1231	1231
4 If you have an extension of time to file, enter extended due date	1015	1015	1015	1015	1015	1015	1015	1015
5 If IRS adjustments became final during the year, enter the years adjusted								
6 Enter total gross receipts from all activities	89000.00	89000.00	98000.00	98000.00	189000.00	189000.00	189000.00	189000.00
7 Total Wisconsin sales, receipts, or premiums included in apportionment ratio	89000.00	89000.00	98000.00	98000.00	189000.00	189000.00	189000.00	189000.00
8 Total sales, receipts, or premiums included in apportionment ratio	89000.00	89000.00	98000.00	98000.00	189000.00	189000.00	189000.00	189000.00
9 Total Wisconsin payroll	.00	.00	.00	.00	.00	.00	.00	.00
10 Total payroll	.00	.00	.00	.00	.00	.00	.00	.00
11 Total Wisconsin tangible property	.00	.00	.00	.00	.00	.00	.00	.00
12 Total tangible property	.00	.00	.00	.00	.00	.00	.00	.00
13 Enter total assets from federal Form 1120	.00	.00	.00	.00	.00	.00	.00	.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name

Clothing Boutique Co

Federal Employer ID Number

44-9876543



Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name:

Here We Are LLC

There Goes My Dog LLC

Sweeping Chimneys Inc

Street Address/PO Box: 123 N Main st

456 N Stoughton St

789 W Main St

City, State:

Madison WI

Madison WI

Madison WI

Zip Code:

53713

53713

53713

FEIN:

5 0 - 1 4 2 5 6 9 8

5 2 - 4 7 8 5 1 2 6

6 0 - 1 2 3 4 5 6 7

NAICS:

5 2 5 9 2 0

5 2 5 9 2 0

5 2 5 9 2 0

1 Member's state and year of incorporation
 2 Corporation's tax period included in this return:

Beginning

0 1 0 1 2 0 1 4

0 1 0 1 2 0 1 4

0 1 0 1 2 0 1 4

Ending

1 2 3 1 2 0 1 4

1 2 3 1 2 0 1 4

1 2 3 1 2 0 1 4

3 Member's taxable year end

4 If you have an extension of time to file, enter extended due date

1 0 1 5 2 0 1 5

1 0 1 5 2 0 1 5

1 0 1 5 2 0 1 5

5 If IRS adjustments became final during the year, enter the years adjusted

6 Enter total gross receipts from all activities.....

89000 .00

98000 .00

189000 .00

7 Total Wisconsin sales, receipts, or premiums included in apportionment ratio

89000 .00

98000 .00

189000 .00

8 Total sales, receipts, or premiums included in apportionment ratio

89000 .00

98000 .00

189000 .00

9 Total Wisconsin payroll.....

.00

.00

.00

10 Total payroll.....

.00

.00

.00

11 Total Wisconsin tangible property.....

.00

.00

.00

12 Total tangible property.....

.00

.00

.00

13 Enter total assets from federal Form 1120

.00

.00

.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name: Holiday Shopping LLC Snakes and Lizards Inc Pen and Paper Co

Street Address/PO Box: 123 N Main St 456 N Stoughton St 789 W Main St

City, State: Madison WI Madison WI Madison WI

Zip Code: 53713 53713 53713

FEIN: 6 1 - 1 2 3 4 5 6 7 4 5 - 9 8 7 6 5 4 3 5 5 - 6 5 4 9 8 7 3

NAICS: 5 2 5 9 2 0 5 2 5 9 2 0 5 2 5 9 2 0

	Beginning	Ending																		
1	Member's state and year of incorporation	.....	1	1	1	9	6	2	4	4	4	4	4	4	4	4	4	4	4	4
2	Corporation's tax period included in this return:																			
			0	1	0	1	2	0	1	4	4	4	4	4	4	4	4	4	4	4
			M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
			1	2	3	1	2	0	1	4	4	4	4	4	4	4	4	4	4	4
			M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	Member's taxable year end	.....	1	2	3	1	2	3	1	4	4	4	4	4	4	4	4	4	4	4
4	If you have an extension of time to file, enter extended due date	.....	1	0	1	5	2	0	1	5	5	5	5	5	5	5	5	5	5	5
5	If IRS adjustments became final during the year, enter the years adjusted	.....	M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6	Enter total gross receipts from all activities	.....	89000	.00	98000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00
7	Total Wisconsin sales, receipts, or premiums included in apportionment ratio	.....	89000	.00	98000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00
8	Total sales, receipts, or premiums included in apportionment ratio	.....	89000	.00	98000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00	189000	.00
9	Total Wisconsin payroll	.....																	
10	Total payroll	.....																	
11	Total Wisconsin tangible property	.....																	
12	Total tangible property	.....																	
13	Enter total assets from federal Form 1120	.....																	

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name

Clothing Boutique Co

Federal Employer ID Number

44-9876543



Part VI: Additional Member Information

Complete the information below for each member of the combined group.

Corporation Name:

Sweet Candy Life Co

Street Address/PO Box:

123 N Main St

City, State:

Madison

WI

Zip Code:

53713

FEIN:

57-9876543

NAICS:

525920

	Beginning		Ending		Beginning		Ending		
	M	D	M	D	M	D	M	D	
1 Member's state and year of incorporation			1		1		9	6	2
2 Corporation's tax period included in this return:									
	0	1	0	1	2	0	1	4	
	M	D	M	D	Y	Y	Y	Y	Y
	1	2	3	1	2	0	1	4	
	M	D	M	D	Y	Y	Y	Y	Y
3 Member's taxable year end					1	2	3	1	
4 If you have an extension of time to file, enter extended due date									
	1	0	1	5	2	0	1	5	
	M	D	M	D	Y	Y	Y	Y	Y
5 If IRS adjustments became final during the year, enter the years adjusted									
6 Enter total gross receipts from all activities									
									89000.00
7 Total Wisconsin sales, receipts, or premiums included in apportionment ratio									
									89000.00
8 Total sales, receipts, or premiums included in apportionment ratio									
									89000.00
9 Total Wisconsin payroll									
									.00
10 Total payroll									
									.00
11 Total Wisconsin tangible property									
									.00
12 Total tangible property									
									.00
13 Enter total assets from federal Form 1120									
									.00

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name: **Clothing Boutique Co** Federal Employer ID Number: **44-9876543**



Corporation Name: **Clothing Boutique co** FEIN: **44-9876543**
 Board Games R Us Inc
 Taxes And More Co

14	Was the member excluded from a combined group in another state?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Did the member file a separate Wisconsin return or was included in another group?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Was the member an insurance company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	16	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17	Was the member a tax exempt corporation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18	Did the member file a final return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	18	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19	Did the member join the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	19	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Did the member leave the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21	Was this a short period return because of a change in accounting method?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	21	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
22	Was this a short period return because of a stock purchase or sale?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	22	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
23	Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	23	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
24	Was the income from the disregarded entities in question 23 included in this return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	24	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25	Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	25	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Are any manufacturing facilities located in Wisconsin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	26	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27	Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	27	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
28	Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	28	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Corporation Name: Holiday Shopping LLC FEIN: 6 1 - 1 2 3 4 5 6 7

Snakes and Lizards Inc 4 5 - 9 8 7 6 5 4 3

Pen and Paper Co 5 5 - 6 5 4 9 8 7 3

14	Was the member excluded from a combined group in another state?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Did the member file a separate Wisconsin return or was included in another group?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Was the member an insurance company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	16	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	16	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17	Was the member a tax exempt corporation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18	Did the member file a final return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	18	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	18	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19	Did the member join the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	19	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	19	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Did the member leave the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21	Was this a short period return because of a change in accounting method?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	21	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	21	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
22	Was this a short period return because of a stock purchase or sale?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	22	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	22	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
23	Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	23	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	23	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
24	Was the income from the disregarded entities in question 23 included in this return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	24	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	24	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25	Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	25	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	25	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Are any manufacturing facilities located in Wisconsin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	26	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	26	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27	Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	27	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	27	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
28	Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	28	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	28	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543



Corporation Name: **Here We Are LLC**

There Goes My Dog LLC

Sweeping Chimneys Inc

FEIN: **5 0 - 1 4 2 5 6 9 8**

5 2 - 4 7 8 5 1 2 6

6 0 - 1 2 3 4 5 6 7

14	Was the member excluded from a combined group in another state?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15	Did the member file a separate Wisconsin return or was included in another group?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Was the member an insurance company?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	16	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17	Was the member a tax exempt corporation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18	Did the member file a final return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	18	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19	Did the member join the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	19	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Did the member leave the group during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21	Was this a short period return because of a change in accounting method?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	21	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
22	Was this a short period return because of a stock purchase or sale?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	22	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
23	Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	23	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
24	Was the income from the disregarded entities in question 23 included in this return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	24	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25	Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	25	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26	Are any manufacturing facilities located in Wisconsin?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	26	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27	Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	27	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
28	Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, include with this return	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	28	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2014 Form 6 - Wisconsin Combined Corporate Franchise or Income Tax Return

Designated Agent Name
Clothing Boutique Co

Federal Employer ID Number
44-9876543

Corporation Name: **Sweet Candy Life Co**

FEIN: **5 7 - 9 8 7 6 5 4 3**



- 14 Was the member excluded from a combined group in another state? Yes No
- 15 Did the member file a separate Wisconsin return or was included in another group? Yes No
- 16 Was the member an insurance company? Yes No
- 17 Was the member a tax exempt corporation? Yes No
- 18 Did the member file a final return? Yes No
- 19 Did the member join the group during the year? Yes No
- 20 Did the member leave the group during the year? Yes No
- 21 Was this a short period return because of a change in accounting method? Yes No
- 22 Was this a short period return because of a stock purchase or sale? Yes No
- 23 Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member. Yes No
- 24 Was the income from the disregarded entities in question 23 included in this return? Yes No
- 25 Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax? Yes No
- 26 Are any manufacturing facilities located in Wisconsin? Yes No
- 27 Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return Yes No
- 28 Did the member file federal Form 8866 - Reportable Transaction Disclosure Statement? If yes, include with this return Yes No