Form Wisconsin Insurance Company Franchise Tax Return



2008

For	2008 or taxable year beginning and ending and ending A	Y			
	nplete form using BLACK INK. Due Date: 15th day	of 3rd i			axable year.
Cor	poration Name	Federal	Employer ID Nun	nber	
Nur	mber and Street B	Busines	s Activity (NAICS) Code	
	(0)			,	
City	State ZIP (+ 4 digit suffix if known) C		Incorporation atter abbreviation of	and	Year
D	Check ✓ if applicable and attach explanation:	sta	ate in box, or if a	foreign —	
	First return - new corporation or entering Wisconsin 3 Short period - change in accounting period	CO	untry, enter belov	v.	
	Final return - corporation dissolved or withdrew Short period - stock purchase or sale				
	eck ✓ if applicable and see instructions:				
	If this is an amended return, attach an explanation of the changes.				
	If you have an extension of time to file, enter the extended due date D Y Y Y Y Y Y Y				
	If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal retu				
	If you filed a federal consolidated return, enter Parent Company's federal employer ID number	· · · · · —			·
	, If you have related entity expenses and are required to file Schedule RT with this return.				
	ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 NOT LIKE THIS \rightarrow (1000)		NO COM	IMAS; <u>NC</u>	<u>CENTS</u>
1	Federal taxable income from federal return		1		. 00
2	Additions (from page 3, Schedule 1, line 5)		2		. 00
3	Add lines 1 and 2		3		<u>.00</u>
4	Subtractions (from page 3, Schedule 2, line 3)		4		. 00
5	Subtract line 4 from line 3. If the insurer writes life and nonlife premiums, check here and fill in lines 6 through 9. Otherwise, enter the amount from line 5 on line 9		5		. 00
6	Net gain from operations, other than life insurance 6	00			
7	Total net gain from operations	00			
8	Divide line 6 by line 7 and multiply by 100 (carry to 4 places to the right of the decimal point	·)	8		%
9	Multiply line 5 by line 8. This is the total income other than life insurance income		9		. 00
10	Wisconsin apportionment percentage from page 3, Schedule 3, line 4 (carry to 4 places to right of the decimal point)				
11	Multiply line 9 by line 10. This is Wisconsin income (loss) before net business loss offset .		11		
	Wisconsin net business loss carryforward (attach schedule)		12		. 00
	Subtract line 12 from line 11. This is Wisconsin apportionable net income		13		. 00
	Gross tax (see instructions). If subject to 2% maximum tax, check here		14		
	Multiply the amount on Schedule 2, line 2, by 7.9% (0.079) and enter the result		15		
<u>16</u>	Add lines 14 and 15. This is the total tax		16		
<u>17</u>	Nonrefundable credits (from Schedule CR, line 33)		17		
<u>18</u>			18		
<u>19</u>	Recycling surcharge (see instructions)		19		
<u>20</u>	Endangered resources donation (decreases refund or increases amount owed)	_	20		
<u>21</u>			21		
_	Add lines 18 through 21		22		
<u>23</u>					
	If this is an amended return, see instructions	00			
<u>24</u>		00			
<u>25</u>	Refundable credits (from Schedule CR, line 37)	00			
<u>26</u>	Add lines 23 through 25		26		. 00

Page 2 of 3 2008 Form 41 **27** Interest, penalty, and late fee due (from Form 4U, line 17 or 26). .00 .00 .00 Overpayment. If line 26 is larger than the total of lines 22 and 27, enter amount overpaid. . . . 29 Enter amount of line 29 you want credited on 2009 estimated tax 30 .00 Enter total company gross receipts from all activities (see instructions)..... .00 If the corporation paid, accrued, or incurred more than \$100,000 of expenses to a related entity, the corporation must file Schedule RT with this return. Under Wisconsin law, certain related entity expenses may not be allowable unless disclosed on Schedule RT on a timely filed return. See instructions for details. On line 33, enter total related entity expenses disclosed on Schedule RT00 .00 34a Total Wisconsin payroll (see instructions) 34a .00 34b Total company payroll (see instructions) Additional Information Required **1** Person to contact concerning this return: 2 City and state where books and records are located for audit purposes: 3 Are you the sole owner of any limited liability companies (LLCs)? Yes No If yes, attach a list of the names and federal EINs of your solely owned LLCs. Did you include the incomes of these entities in this return? Yes 4 Do you own, directly or indirectly, 50% or more of the outstanding voting stock of any corporations? Yes No a list of the names and federal EINs of these corporations. Have the incomes of these affiliated corporations been included in this return? Yes 5 Do any corporations, individuals, partnerships, trusts, or associations own 50% or more of your outstanding voting stock? If yes, attach a list of the names and federal EINs of these organizations. Have the incomes of these organizations been included in this return? 6 Has your corporation been involved in any reorganization during the period covered by this return? If yes, attach a detailed explanation. 7 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? If yes, you owe Wisconsin use tax. See instructions for how to report use tax. 8 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? If yes, see instructions and indicate years adjusted: 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 Preparer's Signature Preparer's Federal Employer ID Number

You must file a copy of your federal return, related schedules, and annual statement with your Form 4I.

Make your check payable to and mail your return to:

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



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Scł	nedule 1 – Additions to Federal Taxable Income		
1	Loss carryforward deducted in the calculation of federal taxable income	1 _	.00
2	Dividend income received to the extent used as a deduction in determining federal		
	taxable income.	2 _	.00
3	Additions from Schedule V, line 12.	3 _	.00
4	Additional deduction for insurers required to discount unpaid losses.	4 _	. 00
5	Total (enter on Form 4I, page 1, line 2)	5 _	.00
Scł	nedule 2 – Subtractions From Federal Taxable Income		
1	Subtractions from Schedule W, line 16	1 _	.00
2	Income realized from the purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in Wisconsin	2 _	. 00
3	Total (enter on Form 4I, page 1, line 4)	3 _	.00
Scl	nedule 3 – Wisconsin Apportionment Percentage (a) Wisconsin		(b) Total Company
1	Direct premiums written for insurance on property and risks, other than life insurance		
2	Assumed premiums from domestic insurance companies written for reinsurance on property and risks, other than life insurance		
3	Add lines 1 and 2. This is the total premiums		
4	Divide line 3, column a, by line 3, column b, and multiply by 100 (carry to 4 decimal places). This is the Wisconsin	%	