Form
1CNS

Composite Wisconsin Individual Income Tax Return for Nonresident Tax-Option (S) Corporation Shareholders

2010

Due Date: April 15, 2011

☐ Check (✓) if this is an AMENDED return

Corporation Year Ending M M D D C C Y Y

DO NOT STAPLE OR BIND

Complete form using BLACK INK.

Tax-Option (S) Corporation Name		Federal Employer ID Number
Great Atomic Pyrotechnics & Designs, Inc		11-0000006
Number and Street: 36 Any Street		Suite Number:
City: Boomtown	State: CA	Zip (+ 4 digit suffix if known): 90062
Person to Contact Regarding This Return: John Jones	Telephone Number: 619-582-1000	Fax Number: 619-582-1001

2 ← Number of shareholders included in this return.

Caution: Only qualifying shareholders may be included in this return. See instructions for details.

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

Schedule 1 Tax Computation

1	Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1	1	17548.00
2	Tax from Schedule 2, column G	2	1360.00
3	Alternative minimum tax from Schedule 2, column H	3	0.00
4	Add lines 2 and 3. This is the total tax	4	1360.00
5	Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column I)	5	1360.00
6	If line 5 is less than line 4, subtract line 5 from line 4 and enter **tax due**	6	0.00
7	If line 5 is more than line 4, subtract line 4 from line 5 and enter **overpayment**. This is the amount to be **refunded** to corporation	7	0.00

Include a copy of any application for an extension of time to file. *Don't attach federal Form 1120S, Wisconsin Form 5S, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 5K-1 to this return.*

SIGNATURES

I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this tax-option corporation has a power of attorney or other written authorization from each qualifying and participating nonresident shareholder to file this composite return on the shareholder's behalf.

Signature of Authorized Officer	Title	Date
Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date

IF NOT FILING ELECTRONICALLY

Make check payable to and mail return to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991

Schedule 2 **Nonresident Shareholders Qualifying and Participating in Composite Return** (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Shareholder (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) Pro Rata Share (%)	(D1) Shareholder's Share of WI Net Income (Loss) / (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 19)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax From Worksheet or 7.75% of (E)	(H) Alternative Minimum Tax	(I) Tax Withheld from Form PW-1	(J) Balance Due (Overpay-ment)
a. Issa Salesbury 49 Any Street Anytown, PA 19561	999-06-0005	50%	D1 8774 D2 131720			680	0	680	0
b. Mark Desision 45 Any Street Anytown, NY 10005	999-06-0001	50%	D1 8774 D2 131720			680	0	680	0
c.			D1 D2						
d.			D1 D2						
e.			D1 D2						
f.			D1 D2						
g.			D1 D2						
h.			D1 D2						
i.			D1 D2						
j.			D1 D2						
k.			D1 D2						
TOTALS (enter on appropriate line on Schedule 1)			D1 total only 17548			1360	0	1360	