



11f	Enter amount from line 11e. ....	11f	<u>38594262</u>	<u>.00</u>
12	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30 for separate entity filers). Do not enter more than line 11f. ....	12	<u>15193027</u>	<u>.00</u>
13	Subtract line 12 from line 11f. This is Wisconsin net income or loss. ....	13	<u>23401235</u>	<u>.00</u>
14a	Enter 7.9% (0.079) of Wisconsin net income on line 13. This is tentative gross tax. ....	14a	<u>1848698</u>	<u>.00</u>
14b	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30). ....	14b	<u>0</u>	<u>.00</u>
14c	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 14b from line 14a). ....	14c	<u>1848698</u>	<u>.00</u>
15	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 45 for separate entity filers). ....	15	<u>111000</u>	<u>.00</u>
16	Subtract line 15 from line 14c. If line 15 is more than line 14c, enter zero (0). This is net tax. ....	16	<u>1737698</u>	<u>.00</u>
17	Recycling surcharge (see instructions). ....	17	<u>15568</u>	<u>.00</u>
18	Endangered resources donation (decreases refund or increases amount owed). ....	18	<u>50</u>	<u>.00</u>
19	Veterans trust fund donation (decreases refund or increases amount owed). ....	19	<u>75</u>	<u>.00</u>
20	Add lines 16 through 19. ....	20	<u>1753391</u>	<u>.00</u>
21	Estimated tax payments less refund from Form 4466W. If this is an amended return, see instructions. ....	21	<u>1200000</u>	<u>.00</u>
22	Wisconsin tax withheld (see instructions). ....	22	<u>5000</u>	<u>.00</u>
23	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 48 for separate entity filers). ....	23	<u>2000</u>	<u>.00</u>
24	Add lines 21 through 23. ....	24	<u>1207000</u>	<u>.00</u>
25	Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow. ....	25	<u>51964</u>	<u>.00</u>
26	Tax due. If the total of lines 20 and 25 is larger than line 24, enter amount owed. ....	26	<u>598355</u>	<u>.00</u>
27	Overpayment. If line 24 is larger than the total of lines 20 and 25, enter amount overpaid. ....	27		<u>.00</u>
28	Enter amount of line 27 you want credited on 2011 estimated tax. ....	28		<u>.00</u>
29	Subtract line 28 from line 27. This is your refund. ....	29		<u>.00</u>
30	Enter total gross receipts from all activities (see instructions). ....	30	<u>621500000</u>	<u>.00</u>
31	Enter total assets from federal Form 1120. ....	31	<u>430000000</u>	<u>.00</u>
32a	Total Wisconsin tangible property (see instructions). ....	32a	<u>15325000</u>	<u>.00</u>
32b	Total tangible property (see instructions). ....	32b	<u>400500000</u>	<u>.00</u>
33a	Total Wisconsin payroll (see instructions). ....	33a	<u>1357300</u>	<u>.00</u>
33b	Total payroll (see instructions). ....	33b	<u>109000000</u>	<u>.00</u>
34a	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions). ....	34a	<u>229174508</u>	<u>.00</u>
34b	Total sales, receipts, or premiums included in apportionment ratio (see instructions). ....	34b	<u>544800000</u>	<u>.00</u>



35a Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?  
 Yes  No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.

35b Did you include the income of the LLCs listed for item 35a in this return?  
 Yes  No

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

37 Did any adjustments made by the Internal Revenue Service to your income (or to the income of any member of the combined group) become finalized during this year?  
 Yes  No If yes, see instructions.

38 Person to contact concerning this return: Jim Smith  
Phone #: 608-772-2400 Fax #: 608-772-2401

39 City and state where books and records are located for audit purposes: Monroe, IL

40 List the locations of Wisconsin operations: Appleton, Madison, Oak Creek

41 Are any manufacturing facilities located in Wisconsin?  
 Yes  No

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

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

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

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

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

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



**Federal Taxable Income Reconciliation  
for Wisconsin Combined Groups**

**2010**

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name

Hide N Seek Foods, Inc.

Federal Employer ID Number

11-0000002

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

**Part I General Information and Consolidated Returns**

- 1 Check (✓) the space after the arrow to make the controlled group election for the first year the election is made. Do not check the space every year the election is in effect. . . . .
- 2a Are there any corporations in the commonly controlled group that are not included in either this combined return or any federal consolidated return? . . . . .  Yes  No
- 2b If the answer to item 2a is yes, submit a supporting schedule which identifies each corporation described in item 2a and complete lines 2c and 2d.
- 2c Total federal net income of companies described in line 2a . . . . . 2c \_\_\_\_\_ .00
- 2d Total gross sales corresponding to amount on line 2c. . . . . 2d \_\_\_\_\_ .00
- 3 If any members of the combined group filed a federal consolidated return for the taxable year, enter the parent company's name, federal employer identification number (FEIN), and 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 4.

Parent Company Name	FEIN	Form 1120, line 28
<u>Hide N Seek Foods, Inc</u>	<u>11-0000002</u>	3a <u>83078698</u> .00
_____	_____	3b _____ .00
_____	_____	3c _____ .00
Add lines 3a through 3c . . . . .		3d <u>83078698</u> .00

**Part II Corporations in Combined Group Which Are Not in Federal Consolidated Return**

For amounts entered on lines 4 through 6, use a separate schedule to identify each combined group member, its FEIN, and amount included on that line.

- 4 Federal taxable incomes of commonly controlled corporations with less than 80% common ownership (do not include foreign corporations) . . . . . 4 150000 .00
- 5 Federal taxable incomes of foreign corporations not included in consolidated return but includable in combined group. . . . . 5 600000 .00
- 6 Federal taxable incomes of other combined group members not included in federal consolidated return (explain on an attached statement) . . . . . 6 50000 .00
- 7a Add lines 3d through 6 . . . . . 7a 89278698 .00



**Part III Subtotal**

7b	Enter amount from line 7a	7b	<u>89278698</u>	<u>.00</u>
8	Net capital gains included on line 7b	8	<u>409942</u>	<u>.00</u>
9	Subtract line 8 from line 7b (net capital gains will be recomputed on line 18)	9	<u>88868756</u>	<u>.00</u>
10	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 7b (enter as a positive amount)	10	<u>148769</u>	<u>.00</u>
11	Add lines 9 and 10 (the deduction on line 10 will be recomputed on line 19)	11	<u>89017525</u>	<u>.00</u>

**Part IV Corporations in Federal Consolidated Return Which Are Not Combined Group Members**

For amounts entered on lines 12a, 13, and 14, use a separate schedule to identify each corporation, its FEIN, and amount included on that line. Enter the federal separate taxable incomes before net capital gains and charitable contribution deductions.

12a	Federal separate taxable incomes of corporations in the consolidated return that are not engaged in the combined group's unitary business	12a	<u>27000</u>	<u>.00</u>
12b	Were any corporations included on line 12a included in a combined return for the unitary business in another state for the taxable year where the inclusion was not by election? (If yes, explain on an attached statement.)	12b	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13	Federal separate taxable incomes of corporations in the consolidated return that are not combined group members due to the water's edge rules (do not include corporations already included on line 12a)	13	<u>-13000</u>	<u>.00</u>
14	Federal separate taxable incomes of other corporations in the consolidated return that are not combined group members (explain on an attached statement)	14	<u>-14000</u>	<u>.00</u>
15	Add lines 12a, 13, and 14	15	<u>0</u>	<u>.00</u>
16	Subtract line 15 from line 11	16	<u>89017525</u>	<u>.00</u>

**Part V Adjustments Based on Limitations in Federal Law**

See instructions for how to compute lines 17 through 19 and supporting detail required.

17	Adjustment to defer or recognize intercompany income, expense, gain, or loss between combined group members	17	<u>0</u>	<u>.00</u>
18	Recomputed net capital gain, applying capital loss limitation at combined group level	18	<u>409942</u>	<u>.00</u>
19	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)	19	<u>-170000</u>	<u>.00</u>
20	Other adjustments based on federal law (explain on an attached statement)	20	<u>-5000</u>	<u>.00</u>
21	Add lines 16 through 20. Enter this amount on Form 4, line 1	21	<u>89252467</u>	<u>.00</u>



Schedule **V**

# Wisconsin Additions to Federal Income

# 2010

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

Hide N Seek Foods Inc.

11-0000002

1	Interest income from state and municipal obligations	1		.00
2	State taxes accrued or paid	2	<u>2387175</u>	.00
3	Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1)	3		.00
4	Domestic production activities deduction	4		.00
5	Expenses related to nontaxable income	5		.00
6	Percentage depletion	6		.00
7	Federal section 179 expense deduction in excess of Wisconsin deduction	7		.00
8	Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (attach schedule)	8		.00
9	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	9		.00
10	Additions for certain credits computed:			
	a. Community development finance credit (Sch. CR, line 38)			
	b. Dairy and livestock farm investment credit (Sch. DI, line 7)			
	c. Dairy manufacturing facility investment credit (Sch. DM, line 11)			
	d. Development zones credits (Sch. DC, lines 5, 13, and 21, or 5b, 13b, and 21b)			
	e. Economic development credit (Sch. ED, line 3 or 3b)			
	f. Enterprise zone jobs credit (Sch. EC, line 3 or 3b)			
	g. Ethanol and biodiesel fuel pump credit (Sch. EB, line 5 or 5b)			
	h. Farmland preservation credit (from prior Sch. FC, line 18)			
	i. Film production credits (Sch. FP, lines 3, 6, or 3b, 6b)			
	j. Health Insurance Risk-Sharing Plan assessments credit (Sch. HI, line 4)			
	k. Internet equipment credit (Sch. IE, line 3 or 3b)			
	l. Manufacturing investment credit (Sch. MI, line 4 or 4b)			
	m. Meat processing facility investment credit (Sch. MP, line 7)			
	n. Research credits (Sch. R, line 15 or 28 and line 32)			
	o. Additional research credits (Sch. R-1 and R-2, line 14 or 27 and line 31)			
	p. Technology zone credit (Sch. TC, line 6)			
	q. Food processing plant and food warehouse investment credit			
	r. Jobs tax credit			
	s. Postsecondary education credit			
	t. Woody biomass harvesting and processing credit			
	u. Water consumption credit			
	Total additions for credits computed	10	<u>113250</u>	.00
11	Special additions for insurance companies (from Schedule 4I, line 4)	11		.00
12	Other (list):			
	a. <u>Bonus Dep.</u>	12a	<u>15000</u>	.00
	b. <u>Taxes</u>	12b	<u>5000</u>	.00
	c. _____	12c		.00
	d. _____	12d		.00
	Add lines 12a through 12d	12	<u>20000</u>	.00
13	Total (enter on Form 4 or 5, page 1, line 2)	13	<u>2520425</u>	.00



Schedule **W**

# Wisconsin Subtractions From Federal Income

# 2010

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

Hide N Seek Foods Inc.

11-0000002

<b>1</b>	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	<u>1</u>	<u>27000</u>	<u>.00</u>
<b>2</b>	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	<u>2</u>		<u>.00</u>
<b>3</b>	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	<u>3</u>		<u>.00</u>
<b>4</b>	Subpart F income	<u>4</u>		<u>.00</u>
<b>5</b>	Gross-up of foreign dividend income	<u>5</u>		<u>.00</u>
<b>6</b>	Nontaxable income (attach schedule)	<u>6</u>		<u>.00</u>
<b>7</b>	Foreign taxes (do not include deemed taxes)	<u>7</u>		<u>.00</u>
<b>8</b>	Cost depletion	<u>8</u>		<u>.00</u>
<b>9</b>	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	<u>9</u>		<u>.00</u>
<b>10</b>	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	<u>10</u>		<u>.00</u>
<b>11</b>	Federal work opportunity credit wages	<u>11</u>		<u>.00</u>
<b>12</b>	Federal research credit expenses	<u>12</u>		<u>.00</u>
<b>13</b>	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)			
	a <u>Depreciation</u>	<u>13a</u>	<u>750</u>	<u>.00</u>
	b <u>Charitable Cont.</u>	<u>13b</u>	<u>250</u>	<u>.00</u>
	c _____	<u>13c</u>		<u>.00</u>
	d _____	<u>13d</u>		<u>.00</u>
	e _____	<u>13e</u>		<u>.00</u>
	f _____	<u>13f</u>		<u>.00</u>
	g _____	<u>13g</u>		<u>.00</u>
	h _____	<u>13h</u>		<u>.00</u>
	Add lines 13a through 13h	<u>13</u>	<u>1000</u>	<u>.00</u>
<b>14</b>	Nontaxable income from life insurance operations (from Schedule 4I, line 13)	<u>14</u>		<u>.00</u>
<b>15</b>	Total (enter on Form 4 or 5, page 1, line 4)	<u>15</u>	<u>28000</u>	<u>.00</u>





**Wisconsin Nonapportionable and Separately Apportioned Income**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 3, 3S, 4, 4T, or 5S

Read instructions before filling in this form

Name <u>Hide N Seek Foods, Inc</u>	Federal Employer ID Number <u>11-0000022</u>
---------------------------------------	---

**Part I Total Nonapportionable and Separately Apportioned Income**

		(a) Wisconsin	(b) Total Company
1 Rents and royalties from nonbusiness real and tangible property .....	1	<u>12000</u>	<u>23000</u>
2 Expenses related to income on line 1 .....	2	<u>2000</u>	<u>3000</u>
3 Subtract line 2 from line 1 .....	3	<u>10000</u>	<u>20000</u>
4 Profits (losses) from disposal of nonbusiness real and tangible property .....	4		
5 Income realized from the sale of or purchase and subsequent sale or redemption of lottery prizes if the winning tickets were originally bought in Wisconsin. . .	5		
6 Income allocable from businesses using separate accounting (from Form 4C, line 16, columns 1 and 3) .	6		
7 <i>For combined group members only:</i> Apportionable income excluded from unitary combination (see instructions) .....	7		
8 Column (b) total. Enter or include this amount on Form 4, line 6. ....	8		<u>20000</u>
9 Column (a) total. Enter this amount on line 12 below .	9	<u>10000</u>	

**Part II Wisconsin Share of Apportionable Income Excluded from Unitary Combination**  
*(for combined group filers only)*

10a Net income excluded from unitary combination under water's edge rules .....	10a	_____
10b Enter applicable Wisconsin apportionment percentage (see instructions) .....	10b	_____ %
10c Multiply line 10a by line 10b. ....	10c	_____
11a Net income attributable to a separate unitary business .....	11a	_____
11b Enter applicable Wisconsin apportionment percentage (see instructions) .....	11b	_____ %
11c Multiply line 11a by line 11b. ....	11c	_____

**Part III Wisconsin Amount of Nonapportionable and Separately Apportioned Income**

12 Enter amount from line 9, column (a) .....	12	<u>10000</u>
13 Add lines 10c and 11c .....	13	<u>0</u>
14 Add lines 12 and 13. Enter or include this amount on Form 4, line 10. ....	14	<u>10000</u>

**Sharing of Research Credits for  
Combined Group Members**

**2010**

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name <u>Hide N Seek Foods, Inc.</u>	Federal Employer ID Number <u>11-0000002</u>
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**Part I Computation of Aggregate Sharable Amount**

Do not include any research credits already used by the member, as computed on that member's Form 4M, Part III, line 3.

	(a) Name of Member With Sharable Research Credits (abbreviate as necessary)	(b) Member's FEIN	(c) Sharable Research Credit Amount
1a	<u>Wisconsin Telcom Co.</u>	<u>11-0000124</u>	<u>12933</u>
1b			
1c			
1d			
1e			
1f	Total from additional companies reported on attached schedule. . . . .		<u>1f</u>
2	Add the amounts in column (c) of lines 1a through 1f. This is the aggregate sharable research credit. . . . .		<u>2 12933</u>

**Part II Computation of Combined Group's Tax Eligible for Shared Credits**

Go to page 2 for Part II.

**Part III Computation of Percentage to be Applied to Combined Return**

5 Enter the total eligible tax liability from line 4 in Part II. . . . . 5 1750631

6 If the amount on line 2 is greater than the amount on line 5, divide the amount on line 5 by the amount on line 2. If the amount on line 5 is greater than the amount on line 2, enter "100.0000%." This is the percentage of available research credits from Part I that may be applied to the combined return as shared credits. . . . . 6 100.0000%

For each member listed in Part I, multiply that member's amount in Part I, column (c) by the percentage on line 6 and enter the result on Form 4M, Part III, line 4.

**Part II Computation of Combined Group's Tax Eligible for Shared Credits**

(a) Name of Member with Tax Liability (abbreviate as necessary)	(b) Member's FEIN	(c1) Member's Share of Combined Unitary Income (from Form 4M, line L1 + L2)		(d) Member's Gross Tax (from Form 4M, line Q)	(e) Member's Own Credits Used (from Form 4M, Part III, Line 3)	(f) Amount in (d) minus amount in (e)	(g) Lesser of (c2) or (f)  This is the member's tax liability eligible for shared credits
		(c2) Amount in (c1) multiplied by 7.9%	(c1) Amount in (c1)				
3a <u>Hide N Seek Foods</u>	<u>11-0000002</u>	<u>32073442</u>	<u>2533802</u>	<u>1657265</u>	<u>69000</u>	<u>1588265</u>	<u>1588265</u>
3b <u>Italian Pasta Co.</u>	<u>11-0000125</u>	<u>2866770</u>	<u>226475</u>	<u>189366</u>	<u>27000</u>	<u>162366</u>	<u>162366</u>
3c <u>WP Telcom Co.</u>	<u>11-0000124</u>	<u>31278</u>	<u>2771</u>	<u>2067</u>	<u>2067</u>	<u>0</u>	<u>0</u>
3d _____	_____	_____	_____	_____	_____	_____	_____
3e _____	_____	_____	_____	_____	_____	_____	_____
3f _____	_____	_____	_____	_____	_____	_____	_____
3g _____	_____	_____	_____	_____	_____	_____	_____

3a Hide N Seek Foods 11-0000002 32073442 2533802 1657265 69000 1588265 1588265

3b Italian Pasta Co. 11-0000125 2866770 226475 189366 27000 162366 162366

3c WP Telcom Co. 11-0000124 31278 2771 2067 2067 0 0

3d \_\_\_\_\_

3e \_\_\_\_\_

3f \_\_\_\_\_

3g \_\_\_\_\_

3h Total from additional companies reported on separate schedules ..... 3h 0

4 Add the amounts on lines 3a through 3h of column g. Enter this amount on page 1, line 5 ..... 4 1750631

**Underpayment of Estimated Tax by Corporations**

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

**2010**

Wisconsin Department of Revenue

Corporation or Designated Agent Name  
*Hide N Seek Foods, Inc.*

Federal Employer ID Number  
*11-0000002*

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

1 a	Enter 2010 tax before the surcharge plus the recycling surcharge (see instructions)	<i>1753266</i>			
b	Enter 2010 refundable credits (excluding estimated tax and surcharge paid)	<i>7000</i>			
c	Subtract line 1b from line 1a. This is 2010 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable	<i>1746266</i>			
2	Enter 90% of line 1c	<i>1571639</i>			
3 a	Enter 2009 tax before the surcharge plus the recycling surcharge, if applicable (see instructions)	<i>1000000</i>			
b	Enter 2009 refundable credits (excluding estimated tax and surcharge paid)	<i>3000</i>			
c	Subtract line 3b from line 3a. This is 2009 net tax and surcharge	<i>997000</i>			
4	If 2010 net income is less than \$250,000 and 2009 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2	<i>1571639</i>			
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year)	(a) <i>3/15/10</i>	(b) <i>6/15/10</i>	(c) <i>9/15/10</i>	(d) <i>12/15/10</i>
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	<i>0</i>	<i>0</i>	<i>0</i>	<i>6300</i>
7	Estimated tax and surcharge paid	<i>300000</i>	<i>300000</i>	<i>300000</i>	<i>300000</i>
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment				
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment	<i>300000</i>	<i>300000</i>	<i>300000</i>	<i>293700</i>
10	Carryback of overpayment or late payment				
11	Carryforward of overpayment				
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment				
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				
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				
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				<i>0</i>

**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)	<i>1,737,698</i>		
19 If return filed with extended due date and shows –			
a Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated	<i>1577939</i>	<i>175327</i>	
b Net tax (including surcharge) of less than \$500, enter net tax			
20 Enter payments made (apply first to 18% per year column)	<i>1207000</i>	<i>0</i>	
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	<i>370939</i>	<i>175327</i>	
22 Interest on underpayment from Part I, line 17	<i>0</i>		<i>0</i>
23 Add lines 21 and 22	<i>370939</i>	<i>175327</i>	
24 Interest on amounts on line 23 to <i>10/17/2011</i> (date return filed)	<i>39513</i>	<i>12451</i>	<i>51964</i>
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%			<i>0</i>
b Enter a \$150 late fee			<i>0</i>
26 Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due"			<i>51964</i>

\* 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) . . . . .	500000	6000000	10000000	15000000
28 Annualization factor . . . . .	6	2.4	1.5	1.091
29 Multiply line 27 by line 28. . . . .	3000000	14400000	15000000	16365000
30 Adjustments (NBLs, etc. — see instructions) . . . . .	(15193027)	(15193027)	(15193027)	(15193027)
31 Combine lines 29 and 30. This is annualized income. . . . .	0	0	0	1171973
32 Multiply line 31 by 7.9% (0.079). This is annualized gross tax . . . . .	0	0	0	92586
33 Enter your nonrefundable credits . . . . .	111000	111000	111000	111000
34 Subtract line 33 from line 32. If zero or less, enter zero. . . . .	0	0	0	0
35 Enter recycling surcharge (based on amount in this column) . . . . .	0	0	0	14000
36 Add lines 34 and 35. . . . .	0	0	0	14000
37 Enter your refundable credits (excluding estimated tax and surcharge paid) . . . . .	7000	7000	7000	7000
38 Subtract line 37 from line 36. If zero or less, enter zero. This is annualized net tax. . . . .	0	0	0	7000
39 Applicable percentage . . . . .	22.5%	45%	67.5%	90%
40 Multiply line 38 by line 39. . . . .	0	0	0	6300
41 Enter the combined amounts of line 47 from all preceding columns . . . . .	0	0	0	0
42 Subtract line 41 from line 40. If zero or less, enter zero. . . . .	0	0	0	6300
43 Divide Part 1, line 4, by 4 and enter the result in each column. . . . .	392910	392910	392910	392910
44 Enter the amount from line 46 for the preceding column . . . . .		392910	785820	1178730
45 Add lines 43 and 44 and enter the total . . . . .	392910	785820	1178730	1571640
46 If line 45 is more than line 42, subtract line 42 from line 45. Otherwise, enter zero. . . . .	392910	785820	1178730	1571640
47 Enter the smaller of line 42 or 45 here and on Part 1, line 6 . . . . .	0	0	0	6300

Form **4M**

**Wisconsin Combined Group  
Member-Level Data**

**2010**

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <u>Hide N Seek Foods, Inc.</u>			A Designated Agent's FEIN <u>11-0000002</u>
Name of Combined Group Member to Which This Form Applies <u>Hide N Seek Foods, Inc.</u>			B Member's FEIN <u>11-0000002</u>
Number and Street <u>32 Any Street</u>			C Business Activity (NAICS) Code <u>721197</u>
City <u>Any town</u>	State <u>TX</u>	ZIP (+ 4 digit suffix if known) <u>77287</u>	D State of Incorporation and Year <u>TX</u> Enter abbreviation of state in box, or if a foreign country, enter below. <u>1979</u>
E Member's Taxable Year End <u>1 2 3 1</u> M M D D	F Period Included in This Return <u>0 1 0 1 2 0 1 0</u> <u>1 2 3 1 2 0 1 0</u> M M D D Y Y Y Y M M D D Y Y Y Y		

G  Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

**Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>32073442</u> .00
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions)	L2	<u>0</u> .00
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>10000</u> .00
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<u>0</u> .00
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<u>0</u> .00
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	<u>11105399</u> .00
Q	Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>1657265</u> .00
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>69000</u> .00
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>9800</u> .00
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<input type="checkbox"/>
U	Line 22: Wisconsin tax withheld (see instructions)	U	<u>0</u> .00
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>32</u> <u>2000</u> .00 <u>          </u> .00 <u>          </u> .00 <u>          </u> .00 <u>          </u> .00
W	Line 30: Total company gross receipts from all activities (see instructions)	W	<u>280000000</u> .00
X	Line 31: Total company assets from federal Form 1120	X	<u>17000000</u> .00
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>4000000</u> .00 Wisconsin payroll Y2 <u>1200000</u> .00	Y1	<u>4000000</u> .00
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>250000000</u> .00



Form **4M**

**Wisconsin Combined Group  
Member-Level Data**

**2010**

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <u>Hide N Seek Foods, Inc.</u>			A Designated Agent's FEIN <u>11-0000002</u>	
Name of Combined Group Member to Which This Form Applies <u>The Greek Playhouse</u>			B Member's FEIN <u>11-0000012</u>	
Number and Street <u>2700 West Elm St.</u>			C Business Activity (NAICS) Code <u>871199</u>	
City <u>Monroe</u>	State <u>IL</u>	ZIP (+ 4 digit suffix if known) <u>61027</u>	D State of Incorporation and Year <u>IL</u> Enter abbreviation of state in box, or if a foreign country, enter below. <u>2001</u> C C Y Y	
E Member's Taxable Year End <u>1031</u> M M D D		F Period Included in This Return <u>01012010 12312010</u> M M D D Y Y Y Y M M D D Y Y Y Y		

G  Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported:



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

**Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>3535628</u> .00
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions).	L2	<u>0</u> .00
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>0</u> .00
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e).	N	<u>0</u> .00
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	<u>0</u> .00
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	<u>3535628</u> .00
Q	Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>0</u> .00
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>0</u> .00
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>25</u> .00
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<input checked="" type="checkbox"/>
U	Line 22: Wisconsin tax withheld (see instructions).	U	<u>0</u> .00
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>0</u> .00
W	Line 30: Total company gross receipts from all activities (see instructions).	W	<u>175000000</u> .00
X	Line 31: Total company assets from federal Form 1120	X	<u>180000000</u> .00
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>11000000</u> .00 Wisconsin payroll Y2 <u>88000</u> .00	Y1	<u>11000000</u> .00
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>150000000</u> .00

Name of Combined Group Member

The Greek Playhouse

Member's FEIN

11-0000012

Part II Wisconsin Net Business Loss Carryforward

Table with 15 rows for Wisconsin Net Business Loss Carryforward calculations. Includes items like 'Member's portion of combined unitary income', 'net nonapportionable and separately apportioned income', and 'net business loss carryforward'.

Part III Nonrefundable Credits

Table for Nonrefundable Credits. Includes a summary of available credits from credit schedules and calculations for gross tax and research credit.

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

Table for Member-Level Payment Data. Includes calculation of overpayment from previously filed returns and estimated payments.



Form **4M**

# Wisconsin Combined Group Member-Level Data

# 2010

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <u>Hide N Seek Foods, Inc.</u>			A Designated Agent's FEIN <u>11-000002</u>	
Name of Combined Group Member to Which This Form Applies <u>Acme Foods Corp.</u>			B Member's FEIN <u>11-000013</u>	
Number and Street <u>18 Main St.</u>			C Business Activity (NAICS) Code <u>678799</u>	
City <u>Boston</u>	State <u>MA</u>	ZIP (+ 4 digit suffix if known) <u>10793</u>	D State of Incorporation and Year <u>MA</u> <u>1999</u> <small>Enter abbreviation of state in box, or if a foreign country, enter below.</small>	
E Member's Taxable Year End <u>1 2 3 1</u> <small>M M D D</small>		F Period Included in This Return <u>0 1 0 1 2 0 1 0</u> <u>1 2 3 1 2 0 1 0</u> <small>M M D D Y Y Y Y M M D D Y Y Y Y</small>		

G  Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported:



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

### Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>77783</u> .00
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions).	L2	<u>0</u> .00
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>0</u> .00
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e).	N	<u>0</u> .00
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	<u>0</u> .00
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	<u>77783</u> .00
Q	Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>0</u> .00
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>0</u> .00
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>0</u> .00
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<input type="checkbox"/>
U	Line 22: Wisconsin tax withheld (see instructions).	U	<u>0</u> .00
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>0</u> .00
W	Line 30: Total company gross receipts from all activities (see instructions).	W	<u>1500000</u> .00
X	Line 31: Total company assets from federal Form 1120	X	<u>2000000</u> .00
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>5000</u> .00 Wisconsin payroll	Y2	<u>1300</u> .00
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I).	Z	<u>800000</u> .00

Name of Combined Group Member

Acme Foods Corp.

Member's FEIN

11-0000013

Part II Wisconsin Net Business Loss Carryforward

Table with 15 rows for Wisconsin Net Business Loss Carryforward. Includes items like 'Member's portion of combined unitary income', 'Member's net nonapportionable and separately apportioned income', and 'Member's net business loss carryforward'. Values are handwritten in blue ink.

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.

Table for nonrefundable credits with columns for code, amount, and total. Handwritten values include '15', '250', and '250.00'.

Table for nonrefundable credits lines 2-5. Includes 'Enter the member's gross tax from Part I, line Q' and 'Enter the lesser of line 1 or line 2'. Handwritten values are mostly zeros.

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

Table for Member-Level Payment Data. Includes 'Enter the amount of the member's overpayment from previously filed returns' and 'Estimated payments - Enter date and amount of each payment made on a separate entity basis'. Handwritten values are mostly zeros.



**Wisconsin Combined Group  
Member-Level Data**

**2010**

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <u>Hide N Seek Foods, Inc.</u>			A Designated Agent's FEIN <u>11-0000002</u>	
Name of Combined Group Member to Which This Form Applies <u>Italian Pasta Company</u>			B Member's FEIN <u>11-0000125</u>	
Number and Street <u>700 Palm St.</u>			C Business Activity (NAICS) Code <u>791111</u>	
City <u>Naples, Italy</u>	State	ZIP (+ 4 digit suffix if known)	D State of Incorporation and Year Enter abbreviation of state in box, or if a foreign country, enter below. <u>1999</u>	
E Member's Taxable Year End <u>1 2 3 1</u> M M D D		F Period Included in This Return <u>0 1 0 1 2 0 1 0 1 2 3 1 2 0 1 0</u> M M D D Y Y Y Y M M D D Y Y Y Y		

G  Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported:



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

**Part I Member's Share of Form 4 Items**

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>2866770</u> .00
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions).	L2	<u>0</u> .00
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>0</u> .00
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e).	N	<u>639</u> .00
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	<u>0</u> .00
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	<u>469098</u> .00
Q	Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>189366</u> .00
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>27000</u> .00
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>5681</u> .00
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<u>    </u>
U	Line 22: Wisconsin tax withheld (see instructions).	U	<u>4000</u> .00
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>0</u> .00
W	Line 30: Total company gross receipts from all activities (see instructions).	W	<u>151000000</u> .00
X	Line 31: Total company assets from federal Form 1120	X	<u>203000000</u> .00
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>270000</u> .00 Wisconsin payroll Y2 <u>51000</u> .00	Y1	<u>270000</u> .00
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>132000000</u> .00

Name of Combined Group Member <u>Italian Pasta Company</u>	Member's FEIN <u>11-0000125</u>
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**Part II Wisconsin Net Business Loss Carryforward**

1 Member's portion of combined unitary income from Part I, line L1 plus line L2 .....	1	<u>2866770 .00</u>
2 Member's net nonapportionable and separately apportioned income from Part I, line M .....	2	<u>0 .00</u>
3 Add lines 1 and 2 .....	3	<u>2866770 .00</u>
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount).....	4	<u>639 .00</u>
5 Subtract line 4 from line 3 .....	5	<u>2866131 .00</u>
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (g) (Nonshareable)	6	<u>0 .00</u>
7 Enter the lesser of line 5 or line 6, but not less than zero .....	7	<u>0 .00</u>
8 Subtract line 7 from line 5 .....	8	<u>2866131 .00</u>
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (h) (Shareable) ...	9	<u>0 .00</u>
10 Enter the lesser of line 8 or line 9, but not less than zero .....	10	<u>0 .00</u>
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward .....	11	<u>0 .00</u>
12 Subtract lines 7 and 10 from line 5. This is your remaining income .....	12	<u>2866131 .00</u>
13 Shareable net business loss carryforward amount being shared with other members .....	13	<u>0 .00</u>
14 Shareable net business loss carryforward amount being shared with this member .....	14	<u>469098 .00</u>
15 Member's net business loss. Add lines 7, 10, and 14. Enter this amount on Part I, line P .....	15	<u>469098 .00</u>

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount.  
Enter total nonrefundable credits on line 1.

<u>03</u>	<u>21000</u>	<u>.00</u>	<u>    </u>	<u>.00</u>	<u>    </u>	<u>.00</u>	
<u>11</u>	<u>6000</u>	<u>.00</u>	<u>    </u>	<u>.00</u>	<u>    </u>	<u>.00</u>	
<u>    </u>	<u>    </u>	<u>.00</u>	<u>    </u>	<u>.00</u>	<u>    </u>	<u>.00</u>	1 <u>27000 .00</u>
							2 <u>189366 .00</u>
							3 <u>27000 .00</u>
							4 <u>0 .00</u>
							5 <u>27000 .00</u>

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied .....	1	<u>    .00</u>																																						
2 <i>Estimated payments</i> - Enter date and amount of each payment made on a separate entity basis																																								
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Form **4M**

# Wisconsin Combined Group Member-Level Data

# 2010

Wisconsin Department  
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group <u>Hide N Seek Foods, Inc.</u>			A Designated Agent's FEIN <u>11-0000002</u>
Name of Combined Group Member to Which This Form Applies <u>Wisconsin Telecom Co.</u>			B Member's FEIN <u>11-0000124</u>
Number and Street <u>31 John Nolan Drive</u>			C Business Activity (NAICS) Code <u>818191</u>
City <u>Madison</u>	State <u>WI</u>	ZIP (+ 4 digit suffix if known) <u>53708</u>	D State of Incorporation and Year <u>WI</u> Enter abbreviation of state in box, or if a foreign country, enter below. <u>1997</u>
E Member's Taxable Year End <u>1 2 3 1</u> M M D D	F Period Included in This Return <u>0 1 0 1 2 0 1 0</u> <u>1 2 3 1 2 0 1 0</u> M M D D Y Y Y Y M M D D Y Y Y Y		

G  Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.

H  Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.

I  Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: \_\_\_\_\_



J Check (✓) if the member is a(n): 1  Insurance company 2  Tax exempt corporation

K Check (✓) if applicable:

- 1  First return - new corporation or entering Wisconsin
- 2  Final return - corporation dissolved or withdrew
- 3  Joined group during year
- 4  Left group during year
- 5  Short period - change in accounting method
- 6  Short period - stock purchase or sale

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

### Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>31278</u>	<u>.00</u>
L2	100% Wisconsin groups: Adjustment for current year loss offset (see instructions).	L2	<u>0</u>	<u>.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>0</u>	<u>.00</u>
N	Line 11b: Net capital loss adjustment (from Form 4CL, Part I, line 9e).	N	<u>0</u>	<u>.00</u>
O	Line 11d: Loss adjustment for insurance companies (from Schedule 4I, line 24).	O	<u>0</u>	<u>.00</u>
P	Line 12: Wisconsin net business loss carryforward (from Part II, line 15 on page 2 of this form)	P	<u>5119</u>	<u>.00</u>
Q	Line 14c: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>2067</u>	<u>.00</u>
R	Line 15: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>15000</u>	<u>.00</u>
S	Line 17: Recycling surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>62</u>	<u>.00</u>
T	Line 21: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<u>    </u>	<u>    </u>
U	Line 22: Wisconsin tax withheld (see instructions).	U	<u>1000</u>	<u>.00</u>
V	Line 23: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>0</u>	<u>.00</u>
W	Line 30: Total company gross receipts from all activities (see instructions).	W	<u>17000000</u>	<u>.00</u>
X	Line 31: Total company assets from federal Form 1120	X	<u>28000000</u>	<u>.00</u>
Y	Lines 32a and 33a: Wisconsin tangible property Y1 <u>50000</u> .00 Wisconsin payroll Y2 <u>17000</u> .00	Y		
Z	Line 34b: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I).	Z	<u>12000000</u>	<u>.00</u>

Name of Combined Group Member <u>Wisconsin Telecom Co.</u>	Member's FEIN <u>11-0000124</u>
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**Part II Wisconsin Net Business Loss Carryforward**

1 Member's portion of combined unitary income from Part I, line L1 plus line L2 .....	1	<u>31278</u>	.00
2 Member's net nonapportionable and separately apportioned income from Part I, line M .....	2	<u>0</u>	.00
3 Add lines 1 and 2 .....	3	<u>31278</u>	.00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount) .....	4	<u>0</u>	.00
5 Subtract line 4 from line 3 .....	5	<u>31278</u>	.00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (g) (Nonshareable) .....	6	<u>0</u>	.00
7 Enter the lesser of line 5 or line 6, but not less than zero .....	7	<u>0</u>	.00
8 Subtract line 7 from line 5 .....	8	<u>31278</u>	.00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (h) (Shareable) .....	9	<u>0</u>	.00
10 Enter the lesser of line 8 or line 9, but not less than zero .....	10	<u>0</u>	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward .....	11	<u>0</u>	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income .....	12	<u>31278</u>	.00
13 Shareable net business loss carryforward amount being shared with other members .....	13	<u>0</u>	.00
14 Shareable net business loss carryforward amount being shared with this member .....	14	<u>5119</u>	.00
15 Member's net business loss. Add lines 7, 10, and 14. Enter this amount on Part I, line P .....	15	<u>5119</u>	.00

**Part III Nonrefundable Credits**

1 Summary of available nonrefundable credits from credit schedules { For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.

<u>24</u>	<u>15000.00</u>	<u>.00</u>	<u>.00</u>		
	<u>.00</u>	<u>.00</u>	<u>.00</u>		
	<u>.00</u>	<u>.00</u>	<u>.00</u>		
				1	<u>15000.00</u>
2	Enter the member's gross tax from Part I, line Q .....	2	<u>2067</u>		.00
3	Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member .....	3	<u>2067</u>		.00
4	If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS. ....	4	<u>12933</u>		.00
5	Add lines 3 and 4. This is the amount to enter on Part I, line R .....	5	<u>15000</u>		.00

**Part IV Member-Level Payment Data**

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied .....	1		.00
2 <i>Estimated payments</i> - Enter date and amount of each payment made on a separate entity basis			
_/_/___ \$ _____	_/_/___ \$ _____	_/_/___ \$ _____	
_/_/___ \$ _____	_/_/___ \$ _____	Total .....	2
3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 21 .....	3		.00



**Wisconsin Apportionment Data for Combined Groups**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name <u>Hide N Seek Foods, Inc.</u>	Federal Employer ID Number <u>11-0000002</u>
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**Part I Apportionment Factor Denominators**

(a) Company Name (abbreviate as necessary)	(b) FEIN	(c) Denominator (From column (b) of Form 4A-1 or Part II of Form 4A-2)
1 <u>Hide N Seek Foods, Inc.</u>	<u>11-0000002</u>	1a <u>250,000,000</u>
2 <u>The Greek Playhouse</u>	<u>11-0000012</u>	2a <u>150,000,000</u>
3 <u>Home Foods Corp.</u>	<u>11-0000013</u>	3a <u>800,000</u>
4 <u>Italian Pasta Co.</u>	<u>11-0000125</u>	4a <u>132,000,000</u>
5 <u>Wisconsin Telecom Co.</u>	<u>11-0000124</u>	5a <u>12,000,000</u>
6 _____	_____	6a _____
7 Total denominators from additional companies reported on separate schedules. ....	_____	7a <u>0</u>
8 Add lines 1a through 7a in column (c). This is the combined group's apportionment factor denominator .....	_____	8a <u>544,800,000</u>

**Part II Apportionment Factor Numerators and Members' Percentages**

(a) Company Number (Corresponds to numbers 1 through 6 in Part I)	(b) Numerator (From column (a) of Form 4A-1 or Part II of Form 4A-2)	(c) Member's Wisconsin Percentage of Combined Unitary Income (Divide amount in column (b) by amount on Part I, line 8a)
1 .....	1b <u>190,500,000</u>	1c <u>34.9670%</u>
2 .....	2b <u>21,000,000</u>	2c <u>3.8546%</u>
3 .....	3b <u>462,000</u>	3c <u>.0848%</u>
4 .....	4b <u>17,027,000</u>	4c <u>3.1254%</u>
5 .....	5b <u>185,508</u>	5c <u>.0341%</u>
6 .....	6b _____	6c _____%
7 Total from additional companies reported on separate schedules .....	_____	7c _____%

**Part III Combined Group's Wisconsin Apportionment Percentage**

8 Add lines 1c through 7c in Part II, column c.  
This is the apportionment percentage to enter on Form 4, line 8. .... 8c 42.0659%

**Wisconsin Apportionment Data for Single Factor Formulas**

**2010**

Wisconsin Department of Revenue

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

Read instructions before filling in this form

Name Hide N Seek Foods, Inc. Federal Employer ID Number 11-0000002

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

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	1a _____	
<b>b</b> Shipped from within Wisconsin	1b <u>200 000 000</u>	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin	2a _____	
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	2b _____	
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	2c <u>500 000</u>	
<b>3</b> Double throwback sales	3 _____	
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	4 <u>200 500 000</u>	<u>300 000 000</u>
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	5 _____	
<b>6</b> Total gross receipts from the use of computer software	6 _____	
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	7 <u>0</u>	
<b>8</b> Total gross receipts from services	8 <u>0</u>	<u>0</u>
<b>9</b> Other apportionable gross receipts	9 <u>0</u>	<u>0</u>
<b>10</b> For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9	10 <u>200 500 000</u>	<u>300 000 000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	11 <u>10 000 000</u>	<u>50 000 000</u>
<b>12</b> Enter sales included above, if any, that are not included in the computation of combined unitary income	12 <u>0</u>	<u>0</u>
<b>13</b> Add lines 11 and 12 for each column	13 <u>10 000 000</u>	<u>50 000 000</u>
<b>14</b> Subtract line 13 from line 10 for each column	14 <u>190 500 000</u>	<u>250 000 000</u>
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	15 <u>0</u>	<u>0</u>
<b>16</b> Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	16 <u>190 500 000</u>	<u>250 000 000</u>
<b>17</b> <i>Separate return filers and pass-through entities:</i> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage	17 _____ %	

**Wisconsin Apportionment Data for Single Factor Formulas**

**2010**

Wisconsin Department of Revenue

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

Read instructions before filling in this form

Name The Greek Playhouse Federal Employer ID Number 11-00000212

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

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	<u>15,000,000</u>	
<b>b</b> Shipped from within Wisconsin	<u>6,000,000</u>	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin		
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272		
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272		
<b>3</b> Double throwback sales		
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	<u>21,000,000</u>	<u>150,000,000</u>
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin		
<b>6</b> Total gross receipts from the use of computer software		
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin		
<b>8</b> Total gross receipts from services		
<b>9</b> Other apportionable gross receipts		
<b>10</b> For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9	<u>21,000,000</u>	<u>150,000,000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	<u>0</u>	<u>0</u>
<b>12</b> Enter sales included above, if any, that are not included in the computation of combined unitary income	<u>0</u>	<u>0</u>
<b>13</b> Add lines 11 and 12 for each column	<u>0</u>	<u>0</u>
<b>14</b> Subtract line 13 from line 10 for each column	<u>21,000,000</u>	<u>150,000,000</u>
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	<u>0</u>	<u>0</u>
<b>16</b> Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	<u>21,000,000</u>	<u>150,000,000</u>
<b>17</b> <i>Separate return filers and pass-through entities:</i> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage		

**Wisconsin Apportionment Data for Single Factor Formulas**

**2010**

Wisconsin Department of Revenue

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

Read instructions before filling in this form

Name Acme Foods Corp. Federal Employer ID Number 11-0200013

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

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	<u>170 000</u>	
<b>b</b> Shipped from within Wisconsin	<u>200 000</u>	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin	<u>50 000</u>	
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272		
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272		
<b>3</b> Double throwback sales	<u>17 000</u>	
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	<u>437 000</u>	<u>600 000</u>
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin		
<b>6</b> Total gross receipts from the use of computer software		
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin		
<b>8</b> Total gross receipts from services		
<b>9</b> Other apportionable gross receipts	<u>0</u>	<u>100 000</u>
<b>10</b> For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9	<u>437 000</u>	<u>700 000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	<u>0</u>	<u>0</u>
<b>12</b> Enter sales included above, if any, that are not included in the computation of combined unitary income	<u>0</u>	<u>0</u>
<b>13</b> Add lines 11 and 12 for each column	<u>0</u>	<u>0</u>
<b>14</b> Subtract line 13 from line 10 for each column	<u>437 000</u>	<u>700 000</u>
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	<u>25 000</u>	<u>100 000</u>
<b>16</b> Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	<u>462 000</u>	<u>800 000</u>
<b>17</b> <i>Separate return filers and pass-through entities:</i> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage		

**Wisconsin Apportionment Data for Single Factor Formulas**

**2010**

Wisconsin Department of Revenue

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

Read instructions before filling in this form

Name Italian Pasta Co. Federal Employer ID Number 11-0000125

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

	(a) Wisconsin	(b) Total Company
<b>1</b> Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
<b>a</b> Shipped from outside Wisconsin	1a <u>17 000 000</u>	
<b>b</b> Shipped from within Wisconsin	1b _____	
<b>2</b> Sales of tangible personal property shipped from Wisconsin to:		
<b>a</b> The federal government within Wisconsin	2a _____	
<b>b</b> The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	2b _____	
<b>c</b> Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	2c _____	
<b>3</b> Double throwback sales	3 _____	
<b>4</b> Total sales of tangible personal property (for column (a), add lines 1 through 3)	4 <u>17 000 000</u>	<u>130 000 000</u>
<b>5</b> Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	5 _____	
<b>6</b> Total gross receipts from the use of computer software	6 _____	
<b>7</b> Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	7 _____	
<b>8</b> Total gross receipts from services	8 _____	
<b>9</b> Other apportionable gross receipts	9 <u>27000</u>	<u>2000 000</u>
<b>10</b> For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9	10 <u>17 027 000</u>	<u>132 000 000</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
<b>11</b> Enter sales included above, if any, that are intercompany sales between combined group members	11 <u>0</u>	<u>0</u>
<b>12</b> Enter sales included above, if any, that are <b>not</b> included in the computation of combined unitary income	12 <u>0</u>	<u>0</u>
<b>13</b> Add lines 11 and 12 for each column	13 <u>0</u>	<u>0</u>
<b>14</b> Subtract line 13 from line 10 for each column	14 <u>17 027 000</u>	<u>132 000 000</u>
<b>15</b> Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	15 <u>0</u>	<u>0</u>
<b>16</b> Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	16 <u>17 027 000</u>	<u>132 000 000</u>
<b>17</b> <i>Separate return filers and pass-through entities:</i> Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage	17 _____ %	

**Wisconsin Apportionment Data for Multiple Factor Formulas**

**2010**

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

Wisconsin Department of Revenue

Read instructions before filling in this form

Name <u>Wisconsin Telecom Co.</u>	Federal Employer ID Number <u>11-0002124</u>
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**Part I Apportionment Percentage for Companies in Specialized Industries**

Air carriers complete Part I-A, motor carriers complete Part I-B, railroads and sleeping car companies complete Part I-C, pipeline companies complete Part I-D, and telecommunications companies complete Part I-E.

**Notes for combined return filers:**

- You must exclude intercompany transactions from both column (a) and column (b).
- You must exclude from both column (a) and column (b) any amounts that do not relate to receipts included in the computation of combined unitary income.
- If any intercompany transactions were previously excluded from apportionment factors due to the deferral of income, you must include those transactions in the apportionment factors if the deferred income is included in combined unitary income on this return.
- You must complete Part II on page 6.

**Part I-A Apportionment Percentage for Interstate Air Carriers**  
(See section Tax 2.46, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1 Aircraft arrivals and departures . . . . .	1		
2 Divide line 1, column (a), by line 1, column (b), and multiply by 100 . . . . .	2	_____ . _____ %	
3 Factor weight . . . . .	3	<u>0.3333</u>	
4 Multiply line 2 by line 3. This is the Wisconsin arrivals and departures factor . . . . .	4	_____ . _____ %	
5 Revenue tons . . . . .	5		
6 Divide line 5, column (a), by line 5, column (b), and multiply by 100. . . . .	6	_____ . _____ %	
7 Factor weight . . . . .	7	<u>0.3333</u>	
8 Multiply line 6 by line 7. This is the Wisconsin revenue tons factor . . . . .	8	_____ . _____ %	
9 Originating revenue . . . . .	9		
10 Divide line 9, column (a), by line 9, column (b), and multiply by 100. . . . .	10	_____ . _____ %	
11 Factor weight . . . . .	11	<u>0.3333</u>	
12 Multiply line 10 by line 11. This is the Wisconsin originating revenue factor . . . . .	12	_____ . _____ %	
13 Add lines 4, 8, and 12. This is the Wisconsin percentage. . . . .	13	_____ . _____ %	

**Combined return filers:** Continue to Part II on page 6.

**Part I-B Apportionment Percentage for Interstate Motor Carriers**  
 (See section Tax 2.47, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
1 Gross receipts from carriage of persons and property	1 _____	_____
2 Divide line 1, column (a), by line 1, column (b), and multiply by 100. ....	2 _____ %	
3 Factor weight. ....	3 0.5	
4 Multiply line 2 by line 3. This is the Wisconsin gross receipts factor ....	4 _____ %	
5 Ton miles of carriage. ....	5 _____	_____
6 Divide line 5, column (a), by line 5, column (b), and multiply by 100. ....	6 _____ %	
7 Factor weight. ....	7 0.5	
8 Multiply line 6 by line 7. This is the Wisconsin ton miles factor ....	8 _____ %	
9 Add lines 4 and 8. This is the Wisconsin percentage. ....	9 _____ %	

**Combined return filers:** Continue to Part II on page 6.

**Part I-C Apportionment Percentage for Interstate Railroads and Sleeping Car Companies**  
 (See section Tax 2.475, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
1 Gross receipts from carriage of persons and property	1 _____	_____
2 Divide line 1, column (a), by line 1, column (b), and multiply by 100. ....	2 _____ %	
3 Factor weight. ....	3 0.5	
4 Multiply line 2 by line 3. This is the Wisconsin gross receipts factor ....	4 _____ %	
5 Revenue ton miles of carriage. ....	5 _____	_____
6 Divide line 5, column (a), by line 5, column (b), and multiply by 100. ....	6 _____ %	
7 Factor weight. ....	7 0.5	
8 Multiply line 6 by line 7. This is the Wisconsin revenue ton miles factor ....	8 _____ %	
9 Add lines 4 and 8. This is the Wisconsin percentage. ....	9 _____ %	

**Combined return filers:** Continue to Part II on page 6.

**Part I-D Apportionment Percentage for Interstate Pipeline Companies**  
 (See section Tax 2.48, Wis. Adm. Code)

**Property Factor**

	(a) Wisconsin		(b) Total Company	
	(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1 Land .....	1			
2 Buildings .....	2			
3 Furniture and fixtures .....	3			
4 Transportation equipment .....	4			
5 Machinery and other equipment .....	5			
6 Depletable property .....	6			
7 Leasehold improvements .....	7			
8 Inventories .....	8			
9 Other (specify) .....	9			
10 Add lines 1 through 9 .....	10			

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9-17-2010

	(a) Wisconsin	(b) Total Company
11 Separately for Wisconsin and the total company, add the amounts from line 10, columns (i) and (ii), and divide each total by 2. This is the total property .....	11	
12 Divide line 11, column (a), by line 11, column (b), and multiply by 100 .....	12	_____ %
13 Factor weight .....	13	0.3333
14 Multiply line 12 by line 13. This is the Wisconsin property factor .....	14	_____ %

**Payroll Factor**

	(a) Wisconsin	(b) Total Company
15 Wages, salaries, and other compensation paid to employees .....	15	
16 Fees paid to affiliated corporations for personal services .....	16	
17 Add lines 15 and 16. This is the total payroll .....	17	
18 Divide line 17, column (a), by line 17, column (b), and multiply by 100 .....	18	_____ %
19 Factor weight .....	19	0.3333
20 Multiply line 18 by line 19. This is the Wisconsin payroll factor .....	20	_____ %

**Traffic Units Factor**

		(a) Wisconsin	(b) Total Company
21	Traffic units .....	_____	_____
22	Divide line 21, column (a), by line 21, column (b), and multiply by 100 .....	_____ %	_____ %
23	Factor weight .....	0.3333	_____
24	Multiply line 22 by line 23. This is the Wisconsin traffic units factor .....	_____ %	_____ %
25	Add lines 14, 20, and 24. This is the Wisconsin percentage .....	_____ %	_____ %

**Combined return filers:** Continue to Part II on page 6.

**Part I-E Apportionment Percentage for Interstate Telecommunications Companies**  
(See section Tax 2.502, Wis. Adm. Code)

**Property Factor**

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land .....	5000	5000	200000	200000
2	Buildings .....	10000	10000	100000	100000
3	Furniture and fixtures .....	5000	5000	200000	200000
4	Transportation equipment .....	10000	10000	100000	100000
5	Machinery and other equipment .....	5000	5000	200000	200000
6	Inventories .....	5000	5000	200000	200000
7	Other (specify) .....	10000	10000	100000	200000
8	Add lines 1 through 7 .....	50000	50000	1100000	1200000

		(a) Wisconsin	(b) Total Company
9	Separately for Wisconsin and the total company, add the amounts from line 8, columns (i) and (ii), and divide each total by 2. This is the average owned property .....	50000	1150000
10	Rentals paid multiplied by 8 .....	0	200000
11	Add lines 9 and 10. This is the total property .....	50000	1350000
12	Divide line 11, column (a), by line 11, column (b), and multiply by 100 .....	3.7037%	_____ %
13	Factor weight .....	0.3333	_____
14	Multiply line 12 by line 13. This is the Wisconsin property factor .....	1.2344%	_____ %

**Payroll Factor**

		(a) Wisconsin	(b) Total Company
15	Wages, salaries, and other compensation paid to employees .....	17,000	2,100,000
16	Fees paid to affiliated corporations for personal services .....	0	0
17	Add lines 15 and 16. This is the total payroll .....	17,000	2,100,000
18	Divide line 17, column (a), by line 17, column (b), and multiply by 100 .....	.8095 %	
19	Factor weight .....	0.3333	
20	Multiply line 18 by line 19. This is the Wisconsin payroll factor .....	.2698 %	

**Sales Factor**

		(a) Wisconsin	(b) Total Company
21	Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
	a Shipped from outside Wisconsin .....		
	b Shipped from within Wisconsin .....	15000	
22	Sales of tangible personal property shipped from Wisconsin to:		
	a The federal government within Wisconsin .....		
	b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. . .		
	c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. ....		
23	Double throwback sales. Total .....		
24	Total sales of tangible personal property (for column (a), add lines 21 through 23) .....	15000	12,000,000
25	Other apportionable gross receipts .....	0	0
26	Add lines 24 and 25 for each column. This is the total sales .....	15000	12,000,000
27	Divide line 26, column (a), by line 26, column (b), and multiply by 100 .....	.1250 %	
28	Factor weight .....	0.3333	
29	Multiply line 27 by line 28. This is the Wisconsin sales factor .....	.0417 %	
30	Add lines 14, 20, and 29. This is the Wisconsin percentage .....	1.5459 %	

**Combined return filers:** Continue to Part II on page 6.

**Part II Conversion to Modified Sales Factor for Combined Return Filers**

**1 Computation of total company sales:**

a	Gross receipts from the sale of inventory .....	1a	<u>12,000,000</u>
b	Gross receipts from the operation of farms, mines, and quarries .....	1b	_____
c	Gross receipts from the sale of scrap or by-products .....	1c	_____
d	Gross commissions .....	1d	_____
e	Gross receipts from personal and other services .....	1e	_____
f	Gross rents from real property or tangible personal property .....	1f	_____
g	Interest on trade accounts and trade notes receivable .....	1g	_____
h	Partner's share of partnership's gross receipts .....	1h	_____
i	Member's share of limited liability company's gross receipts .....	1i	_____
j	Gross management fees .....	1j	_____
k	Gross royalties from income-producing activities .....	1k	_____
l	Gross franchise fees from income-producing activities .....	1l	_____
2	Add lines 1a through 1l. ....	2	<u>12,000,000</u>
3	Enter sales included above, if any, that are intercompany sales between combined group members. ....	3	<u>0</u>
4	Enter sales included above, if any, that are not included in the computation of combined unitary income .....	4	<u>0</u>
5	Add lines 3 and 4 .....	5	<u>0</u>
6	Subtract line 5 from line 2 .....	6	<u>12,000,000</u>
7	Enter intercompany sales previously eliminated from the amounts in Part II if the gain or loss on the transaction was deferred and recognized in combined unitary income on this return .....	7	<u>0</u>
8	Add lines 6 and 7. This is the modified sales factor denominator. Enter this amount on Form 4A, Part I. ....	8	<u>12,000,000</u>
9	Enter the Wisconsin apportionment percentage from the last line of Part I-A, I-B, I-C, I-D, or I-E, whichever applies. ....	9	<u>1.5459%</u>
10	Multiply line 8 by line 9. This is the modified sales factor numerator. Enter this amount on Form 4A, Part II. ....	10	<u>185,508</u>

**Net Capital Loss Adjustments for Combined Group Members**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Combined Group Member Name

Federal Employer ID Number

Italian Pasta Co.

11-0000125

**Part I Net Capital Loss Adjustments**

- 1 Enter the combined group's net capital gain included in combined unitary income, as reported on Form 4R, line 18. If net capital gain was \$0 and the capital loss limitation applied, do not enter any amount on line 1 and go to line 2. . . . . **1** 409942
- 2 If the combined group's net capital gain reported on Form 4R, line 18 was \$0 because the capital loss limitation applied, enter the amount of that capital loss attributable to this member (see instructions). Enter as a positive number. . . . . **2** \_\_\_\_\_
- 3 Enter the member's net capital gain, if any, attributable to its separate entity items, *before applying any carryover amounts*. If this amount is a loss, do not enter any amount on line 3 and go to line 4. . . . . **3** \_\_\_\_\_
- 4 If the member had a current year net capital loss attributable to its separate entity items, enter the amount of that loss, *before applying any carryover amounts*. Enter as a positive number. . . . . **4** \_\_\_\_\_
- 5 Enter the total amount of unused non-sharable capital loss carryovers from Part II, column (d). Enter as a positive number . . . . . **5** 20445
- 6 Enter the total amount of unused sharable capital loss carryovers from Part III, column (f). Enter as a positive number. . . . . **6** 0
- 7 Enter the sum of lines 5 and 6 . . . . . **7** 20445
- 8 If there is an amount on line 3, subtract the sum of lines 2 and 7 from line 3. Enter the result on line 8, but do not enter less than zero. This is the net capital gain to include in the member's nonapportionable or separately apportioned income on the applicable line(s) of Form 4N . . . . . **8** \_\_\_\_\_
- 9 Complete lines 9a through 9e if there is an amount on line 1:
  - 9a Subtract line 3 from line 7. Enter the result on line 9a, but do not enter less than zero . . . . . **9a** 20445
  - 9b Add lines 4 and 9a. This is the total net capital loss available to offset the member's share of the net capital gain included in combined unitary income . . . . . **9b** 20445
  - 9c Enter the lesser of line 1 or line 9b . . . . . **9c** 20445
  - 9d Member's share of the net capital gain included in combined unitary income. This is the Wisconsin percentage from Form 4A, Part II, column (c). *100% Wisconsin groups: See instructions for how to compute this percentage.* . . . . . **9d** 3.1254%
  - 9e Multiply line 9c by line 9d. This is the additional capital loss allowable. Enter this amount on Form 4M, line N. . . . . **9e** 639

**Part II Non-sharable Capital Loss Carryovers Available**

	(a) Year Incurred (list oldest year first)	(b) Net Capital Loss	(c) Amount Used in Prior Years	(d) Available Carryover for Part I, line 5 ((b) - (c))
1	2008	120000	99555	20445
2				
3				
4				
5				
	<b>Total</b>			20445

**Part III Sharable Capital Loss Carryovers Available**

Note: Part III does not apply to capital losses incurred before January 1, 2009.

	(a) Year Incurred (list oldest year first)	(b) Net Capital Loss	(c) Amount Used in Prior Years	(d) Available Carryover at Beginning of Year ((b) - (c))	(e) Amount Used in Computing Form 4R, line 18 (from Part IV, line 5)	(f) Remaining Carryover for Part I, line 6 ((d) - (e))
1	2009	2000	0	2000	2000	0
2						
3						
4						
5						
	<b>Totals</b>					

**Part IV Capital Loss Carryovers Used in Computing Form 4R, Line 18**

Note: Part IV does not apply to capital losses incurred before January 1, 2009.

- 1 Enter the member's sharable capital loss carryover available at the beginning of the year (total from Part III, column (d)). . . . . 1 2000
- 2 Enter the sum of all combined group members' sharable capital loss carryovers available at the beginning of the year (attach computation) . . . . . 2 2000
- 3 Divide line 1 by line 2 and enter the result as a percentage . . . . . 3 100.0000%
- 4 Enter the total capital loss carryover (from all members) used to offset capital gains in computing Form 4R, line 18. . . . . 4 2000
- 5 Multiply line 3 by line 4. This is the amount of capital loss carryover attributable to this member that was used in the Form 4R computation. Enter this amount in Part III, column (e), on the line(s) corresponding to the appropriate year(s) (use oldest losses first) . . . . . 5 2000

**Wisconsin Net Business Loss Carryforward**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Name Hide N Seek Foods, Inc. Federal Employer ID Number 11-0000002

<b>Part I - Separate Entity Corporations</b>		<i>(see instructions)</i>				
	<b>(a)</b> Year	<b>(b)</b> Loss	<b>(c)</b> Income	<b>(d)</b> Loss Used/ Expired	<b>(e)</b> Years Losses Incurred	<b>(f)</b> Remaining Loss Available
Starting with column (a), complete all applicable lines for one column before filling in the next column.						
1 30th preceding taxable year						
2 29th preceding taxable year						
3 28th preceding taxable year						
4 27th preceding taxable year						
5 26th preceding taxable year						
6 25th preceding taxable year						
7 24th preceding taxable year						
8 23rd preceding taxable year						
9 22nd preceding taxable year						
10 21st preceding taxable year						
11 20th preceding taxable year						
12 19th preceding taxable year						
13 18th preceding taxable year						
14 17th preceding taxable year						
15 16th preceding taxable year						
16 15th preceding taxable year						
17 14th preceding taxable year						
18 13th preceding taxable year						
19 12th preceding taxable year						
20 11th preceding taxable year						
21 10th preceding taxable year						
22 9th preceding taxable year						
23 8th preceding taxable year						
24 7th preceding taxable year						
25 6th preceding taxable year						
26 5th preceding taxable year						
27 4th preceding taxable year						
28 3rd preceding taxable year						
29 2nd preceding taxable year						
30 1st preceding taxable year						

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9-10-2010

Name of Combined Group Member: Hide N Seek Foods, Inc.

Member's FEIN: 11-0000002

(see instructions)

**Part II - Combined Group Members**

	(a) Year	(b) Income	Loss		Loss Used/Expired		Remaining Loss Available		
			(c) Nonshareable	(d) Shareable	(e) Nonshareable	(f) Shareable	(g) Nonshareable	(h) Shareable	
1	30th preceding taxable year								
2	29th preceding taxable year								
3	28th preceding taxable year								
4	27th preceding taxable year								
5	26th preceding taxable year								
6	25th preceding taxable year								
7	24th preceding taxable year								
8	23rd preceding taxable year								
9	22nd preceding taxable year								
10	21st preceding taxable year								
11	20th preceding taxable year								
12	19th preceding taxable year								
13	18th preceding taxable year								
14	17th preceding taxable year								
15	16th preceding taxable year								
16	15th preceding taxable year								
17	14th preceding taxable year								
18	13th preceding taxable year								
19	12th preceding taxable year								
20	11th preceding taxable year								
21	10th preceding taxable year								
22	9th preceding taxable year								
23	8th preceding taxable year								
24	7th preceding taxable year								
25	6th preceding taxable year								
26	5th preceding taxable year								
27	4th preceding taxable year								
28	3rd preceding taxable year								
29	2nd preceding taxable year			5000000				5000000	
30	1st preceding taxable year			2000000				5000000	2000000

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Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Name

*The Greek Playhouse*

Federal Employer ID Number

*11-0000012*

**Part I - Separate Entity Corporations**

(see instructions)

Starting with column (a), complete all applicable lines for one column before filling in the next column.

	(a) Year	(b) Loss	(c) Income	(d) Loss Used/ Expired	(e) Years Losses Incurred	(f) Remaining Loss Available
1	30th preceding taxable year					
2	29th preceding taxable year					
3	28th preceding taxable year					
4	27th preceding taxable year					
5	26th preceding taxable year					
6	25th preceding taxable year					
7	24th preceding taxable year					
8	23rd preceding taxable year					
9	22nd preceding taxable year					
10	21st preceding taxable year					
11	20th preceding taxable year					
12	19th preceding taxable year					
13	18th preceding taxable year					
14	17th preceding taxable year					
15	16th preceding taxable year					
16	15th preceding taxable year					
17	14th preceding taxable year					
18	13th preceding taxable year					
19	12th preceding taxable year					
20	11th preceding taxable year					
21	10th preceding taxable year					
22	9th preceding taxable year					
23	8th preceding taxable year					
24	7th preceding taxable year					
25	6th preceding taxable year					
26	5th preceding taxable year					
27	4th preceding taxable year					
28	3rd preceding taxable year					
29	2nd preceding taxable year					
30	1st preceding taxable year					

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9-10-2010

Name of Combined Group Member

The Greek Playhouse

Member's FEIN

11-0000012

Part II - Combined Group Members

(see instructions)

Starting with column (a), complete all applicable lines for one column before filling in the next column.

(a) Year	(b) Income	Loss		Loss Used/Expired		Remaining Loss Available	
		(c) Nonshareable	(d) Shareable	(e) Nonshareable	(f) Shareable	(g) Nonshareable	(h) Shareable
1	30th preceding taxable year						
2	29th preceding taxable year						
3	28th preceding taxable year						
4	27th preceding taxable year						
5	26th preceding taxable year						
6	25th preceding taxable year						
7	24th preceding taxable year						
8	23rd preceding taxable year						
9	22nd preceding taxable year						
10	21st preceding taxable year						
11	20th preceding taxable year						
12	19th preceding taxable year						
13	18th preceding taxable year						
14	17th preceding taxable year						
15	16th preceding taxable year						
16	15th preceding taxable year						
17	14th preceding taxable year						
18	13th preceding taxable year						
19	12th preceding taxable year						
20	11th preceding taxable year						
21	10th preceding taxable year						
22	9th preceding taxable year						
23	8th preceding taxable year						
24	7th preceding taxable year						
25	6th preceding taxable year						
26	5th preceding taxable year						
27	4th preceding taxable year						
28	3rd preceding taxable year						
29	2nd preceding taxable year						
30	1st preceding taxable year						
				7115244			7115244

**Wisconsin Net Business Loss Carryforward**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Name: Acme Foods Corp. Federal Employer ID Number: 11-0000013

Part I - Separate Entity Corporations		(see instructions)				
	(a) Year	(b) Loss	(c) Income	(d) Loss Used/ Expired	(e) Years Losses Incurred	(f) Remaining Loss Available
Starting with column (a), complete all applicable lines for one column before filling in the next column.						
1 30th preceding taxable year						
2 29th preceding taxable year						
3 28th preceding taxable year						
4 27th preceding taxable year						
5 26th preceding taxable year						
6 25th preceding taxable year						
7 24th preceding taxable year						
8 23rd preceding taxable year						
9 22nd preceding taxable year						
10 21st preceding taxable year						
11 20th preceding taxable year						
12 19th preceding taxable year						
13 18th preceding taxable year						
14 17th preceding taxable year						
15 16th preceding taxable year						
16 15th preceding taxable year						
17 14th preceding taxable year						
18 13th preceding taxable year						
19 12th preceding taxable year						
20 11th preceding taxable year						
21 10th preceding taxable year						
22 9th preceding taxable year						
23 8th preceding taxable year						
24 7th preceding taxable year						
25 6th preceding taxable year						
26 5th preceding taxable year						
27 4th preceding taxable year						
28 3rd preceding taxable year						
29 2nd preceding taxable year						
30 1st preceding taxable year						

DRAFT  
9-10-2010

**Part II - Combined Group Members** (see instructions)

Starting with column (a), complete all applicable lines for one column before filling in the next column.	(a) Year	(b) Income		Loss		Loss Used/Expired		Remaining Loss Available	
		(c) Nonshareable	(d) Shareable	(e) Nonshareable	(f) Shareable	(g) Nonshareable	(h) Shareable		
1	30th preceding taxable year								
2	29th preceding taxable year								
3	28th preceding taxable year								
4	27th preceding taxable year								
5	26th preceding taxable year								
6	25th preceding taxable year								
7	24th preceding taxable year								
8	23rd preceding taxable year								
9	22nd preceding taxable year								
10	21st preceding taxable year								
11	20th preceding taxable year								
12	19th preceding taxable year								
13	18th preceding taxable year								
14	17th preceding taxable year								
15	16th preceding taxable year								
16	15th preceding taxable year								
17	14th preceding taxable year								
18	13th preceding taxable year								
19	12th preceding taxable year								
20	11th preceding taxable year								
21	10th preceding taxable year								
22	9th preceding taxable year								
23	8th preceding taxable year								
24	7th preceding taxable year								
25	6th preceding taxable year								
26	5th preceding taxable year								
27	4th preceding taxable year								
28	3rd preceding taxable year								
29	2nd preceding taxable year			8000000					8000000
30	1st preceding taxable year			1000000					8000000

DRAFT

**Enterprise Zone Jobs Credit**

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

**2010**

Wisconsin Department of Revenue

Read instructions before filling in this schedule

Name <i>Hide N Seek Foods, Inc</i>		Identifying Number <i>11-000002</i>	
1	Fill in the enterprise zone jobs credit released to you by the Department of Commerce. . . .	1	<i>2000</i>
2	Fill in the enterprise zone jobs credit passed through from other entities . . . . .	2	<i>0</i>
3	Add lines 1 and 2. This is your enterprise zone jobs credit . . . . .	3	<i>2000</i>
3a	Fiduciaries - enter the amount of credit allocated to beneficiaries . . . . .	3a	
3b	Fiduciaries - subtract line 3a from line 3 . . . . .	3b	

**Instructions for 2010 Schedule EC**

**Purpose of Schedule EC**

Use Schedule EC to claim the enterprise zone jobs credit, which is available to qualifying taxpayers doing business in a Wisconsin enterprise zone designated by the Wisconsin Department of Commerce. Taxpayers may claim the credit based on job creation, job retention, capital investment, training and supply chain purchases.

To be eligible for the enterprise zone jobs credit, businesses must first be certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at [www.commerce.wi.gov](http://www.commerce.wi.gov) or write to the Wisconsin Department of Commerce, PO Box 7970, Madison, WI 53707-7970.

**Who is Eligible to Claim the Credit**

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is conducting business in an enterprise zone and has been certified by the Department of Commerce may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

**Caution**

- The credit you compute on Schedule EC is income and must be reported on your Wisconsin franchise or income tax return in the year computed.
- The enterprise zone jobs credit is not allowable for expenditures which are included in the basis for another Wisconsin income or franchise tax credit, such as the research expense credit.

**Specific Instructions**

**Line 1:** Fill in the total amount of enterprise zone jobs credit awarded and released to you by the Wisconsin Department of Commerce, as computed by the Department of Commerce.

**Line 2:** If applicable, fill in the amount of enterprise zone jobs credit passed through from tax-option (S) corporations (from Schedule 5K-1), partnerships and LLCs treated as partnerships (from Schedule 3K-1), and estates and trusts (from Schedule 2K-1).

**Line 3:** Persons who file form 1, 1NPR, 4, 4T, or 5: Enter the amount from line 3 of Schedule EC on line 19 of Schedule CR.

*Tax-option (S) corporations, partnerships, and LLCs treated as partnerships:* Show the entire amount of the credit on line 3 and prorate that amount among shareholders, partners, or members on Schedule 5K-1 or 3K-1 in proportion to their ownership interest.

*Fiduciaries who file Form 2:* Complete lines 3a and 3b.

**Line 3a:** Show the beneficiaries' portion of the credit on line 3a. Prorate the beneficiaries' portion among the beneficiaries on Schedule 2K-1.

**Line 3b:** Subtract line 3a from line 3. This is the estate's or trust's portion of the credit. Enter the amount from line 3b on line 19 of Schedule CR.

**Claiming the Credit:** Enter the amount of credit computed on the appropriate line of Schedule CR. If the claimant is a combined group member, enter the credit amount on Form 4M instead of Schedule CR.

**Required Attachments to Return**

File your completed Schedule EC with your Wisconsin franchise or income tax return. Also include a copy of your certification to claim tax benefits and the verification of your expenses, which you obtain from the Department of Commerce. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule EC instead of the certification to claim tax benefits and verification of expenses.

**Additional Information**

For more information, you may:

- E-mail your question to [corp@revenue.wi.gov](mailto:corp@revenue.wi.gov)
- Call (608) 266-2772 [TTY (608) 267-1049]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison, WI 53708-8906.

Name <i>Hide N Seek Foods, Inc</i>		Federal Employer ID Number <i>11-0000002</i>
1	Enter amount claimed as a deduction under sec. 77.585(9), Wis Stats., for Internet equipment used in the broadband market, as certified by the Department of Commerce . . .	1 <i>15000</i>
2	Enter Internet equipment credit passed through from other entities . . . . .	2 <i>0</i>
3	Add lines 1 and 2. This is your 2010 Internet equipment credit. . . . .	3 <i>15000</i>
3a	Fiduciaries - Enter the amount of Internet equipment credit allocated to beneficiaries . . . . .	3a
3b	Fiduciaries - Subtract line 3a from line 3. . . . .	3b
4	Carryover of unused Internet equipment credit. . . . .	4 <i>0</i>
5	Add lines 3 and 4 (lines 3b and 4 if fiduciary). This is the available Internet equipment credit	5 <i>15000</i>

**Instructions for 2010 Schedule IE**

**Purpose of Schedule IE**

Use Schedule IE to claim the Internet equipment credit, which is available for taxpayers who are certified by the Department of Commerce to claim a sales tax deduction on Internet equipment used in the broadband market. For information regarding how to become certified, visit the Department of Commerce web site at [www.commerce.wi.gov](http://www.commerce.wi.gov) or write to the Wisconsin Department of Commerce, PO Box 7970, Madison, WI 53707-7970.

**Who Is Eligible to Claim the Credit**

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified to claim a sales tax deduction provided by sec. 77.585(9), Wis. Stats., on Internet equipment used in the broadband market, may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

"Internet equipment used in the broadband market" means equipment that is capable of transmitting data packets or Internet signals at speeds of at least 200 kilobits per second in either direction.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant must certify to the Department of Commerce that the claimant will, within 24 months after July 1, 2007, make an investment that is reasonably calculated to increase broadband Internet availability in Wisconsin.
- Within 60 days after the end of the year in which the investment is made, the claimant files a report with the Department of Commerce that provides a detailed description of the investment, including the amount invested.

The claimant may not claim the credit until the first taxable year following the taxable year in which the claimant claimed a sales tax deduction on Internet equipment used in the broadband market. The sales tax deduction may first be claimed on July 1, 2007.

**Specific Line Instructions**

**Line 1:** Enter the amount certified by the Department of Commerce that the claimant claimed as a sales tax deduction under sec. 77.585(9), Wis. Stats., for Internet equipment used in the broadband market.

Schedule **ED**

# Wisconsin Economic Development Tax Credit

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

# 2010

Wisconsin Department of Revenue

Read instructions before filling in this schedule

Name <i>Hide N Seek Foods, Inc.</i>	Federal Employer ID Number <i>11-0000002</i>
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1	Enter amount of tax credits authorized by the Department of Commerce .....	1	<i>27000</i>
2	Enter economic development tax credit passed through from other entities .....	2	<i>0</i>
3	Add lines 1 and 2. This is your 2010 economic development tax credit .....	3	<i>27000</i>
3a	Fiduciaries - Enter the amount of credit allocated to beneficiaries .....	3a	
3b	Fiduciaries - Subtract line 3a from line 3 .....	3b	
4	Carryover of unused economic development tax credit .....	4	<i>0</i>
5	Add lines 3 and 4 (lines 3b and 4 if fiduciary). This is the available economic development tax credit .....	5	<i>27000</i>

## Instructions for 2010 Schedule ED

### Purpose of Schedule ED

Use Schedule ED to claim the economic development tax credit, which is available for taxpayers who are certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at [www.commerce.wi.gov](http://www.commerce.wi.gov) or write to the Wisconsin Department of Commerce, PO Box 7970, Madison, WI 53707-7970.

### Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified by the Department of Commerce may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the Department of Commerce.

- The claimant has received from the Department of Commerce a notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

### Specific Line Instructions

**Line 1:** Enter the amount of tax benefits reported on the notice of eligibility received from the Department of Commerce.

**Line 2:** Enter the amount of economic development tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

**Line 3:** For estates or trusts, tax-option (S) corporations, partnerships, and LLCs treated as partnerships, show the entire amount of credit on line 3 and prorate that amount among the beneficiaries, shareholders, partners, or members on Schedule 2K-1, 5K-1, or 3K-1.

**Line 3a:** Enter the amount of economic development tax credit allocated to beneficiaries of estates or trusts. Prorate the beneficiaries' portion among the beneficiaries on Schedule 2K-1.

Schedule **TC**

**Wisconsin Technology Zone Credit**

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

**2010**

Wisconsin Department of Revenue

Name

*Hide N Seek Foods, Inc*

Identifying Number

*11-0000002*

1	Enter the credit for Wisconsin real and personal property taxes paid .....	1	<i>0</i>
2	Enter the credit for capital investments made in a technology zone. ....	2	<i>5000</i>
3	Enter the credit for wages paid for jobs created in a technology zone. ....	3	<i>5000</i>
4	Add lines 1, 2, and 3. This is the technology zone credit before pass-through credits. ....	4	<i>10000</i>
5	Enter technology zone credit passed through from other entities. ....	5	<i>0</i>
6	Add lines 4 and 5. This is your 2010 technology zone credit. ....	6	<i>10000</i>
6a	Fiduciaries - Enter the amount of credit allocated to beneficiaries. ....	6a	
6b	Fiduciaries - Subtract line 6a from line 6. ....	6b	
7	Carryover of unused technology zone credit .....	7	<i>0</i>
8	Add lines 6 and 7 (lines 6b and 7 if fiduciary). This is the available technology zone credit. ...	8	<i>10000</i>

**Instructions for 2010 Schedule TC**

**General Instructions**

**Purpose of Schedule TC**

Use Schedule TC to claim the tax credit that may be available to persons doing business in Wisconsin technology zones.

The Department of Commerce has designated eight areas of the state as technology zones. A person located in or planning to be located in a technology zone must submit an application to the local technology zone representative and be certified by the Department of Commerce to claim tax benefits. A person may be eligible for tax benefits if (1) the person's business is new or expanding, (2) the person's business is a high-technology business, and (3) the local technology zone representative recommends the person's business for certification. The Department of Commerce will establish a tax benefit limit for certified businesses.

For a map and additional information about the technology zones, visit the Department of Commerce web site at [www.commerce.wi.gov](http://www.commerce.wi.gov) or write to the Wisconsin Department of Commerce, PO Box 7970, Madison WI 53707-7970.

**Who Is Eligible to Claim the Credit**

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, tax-option (S) corporation, insurance company, or tax-exempt organization that is conducting a trade or business in a technology zone and has been certified by the Department of Commerce may be eligible for the tax credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit attributable to the entity's business operations passes through to the partners, members, or shareholders.

Estates or trusts share the credit among themselves and their beneficiaries in proportion to the income allocable to each.

**Credit Is Income**

The credit that you compute on Schedule TC is income and must be reported on your Wisconsin franchise or income tax return in the year computed. This is true even if you cannot use the full amount of a credit computed this year to offset tax liability for this year and must carry part or all of it forward to future years.

**Carryover of Unused Credits**

The technology zone credit is nonrefundable. Any unused credit may be carried forward for 15 years. If there is a reorganization of a corporation claiming a technology zone credit, the limitations provided by Internal Revenue Code section 383 may apply to the carryover of any unused Wisconsin technology zone credit.

**Wisconsin Development Zones Credits**

**2010**

Wisconsin Department of Revenue

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

Read instructions before filling in this schedule

Name Hide N Seek Foods, Inc. Identifying Number 11-0000002

**Part I Development Zones Credit**

1	Enter the development zones credit for environmental remediation	1	0
2	Enter the development zones credit for job creation or retention	2	17000
3	Add lines 1 and 2. This is the development zones credit before pass-through credits	3	17000
4	Enter development zones credit passed through from other entities	4	0
5	Add lines 3 and 4. This is your 2010 credit	5	17000
5a	Fiduciaries - enter the amount of credit allocated to beneficiaries	5a	
5b	Fiduciaries - subtract line 5a from line 5	5b	
6	Carryover of unused development zones credit	6	0
7	Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available development zones credit	7	17000

**Part II Development Opportunity Zone Investment Credit**

8	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone:		
8a	Qualified purchases expensed under IRC section 179	8a	
8b	Qualified purchases not expensed under IRC section 179	8b	
9	Multiply line 8a by 1.75% (0.0175)	9	
10	Multiply line 8b by 2.5% (0.025)	10	
11	Add lines 9 and 10. This is the investment credit before pass-through credits	11	
12	Enter investment credit passed through from other entities	12	
13	Add lines 11 and 12. This is your 2010 credit	13	
13a	Fiduciaries - enter the amount of credit allocated to beneficiaries	13a	
13b	Fiduciaries - subtract line 13a from line 13	13b	
14	Carryover of unused opportunity zone investment credit	14	
15	Add lines 13 and 14 (lines 13b and 14 if fiduciary). This is the available opportunity zone investment credit	15	

**Part III Development Opportunity Zone, Agricultural Development Zone, or Airport Development Zone Capital Investment Credit**

16	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone, agricultural zone, or airport zone	16	
17	Enter the amount expended during the taxable year to acquire, construct, rehabilitate, remodel, or repair real property in an opportunity zone, agricultural zone, or airport zone	17	
18	Add lines 16 and 17	18	
19	Multiply line 18 by 3% (0.03). This is the capital investment credit before pass-through credits	19	
20	Enter capital investment credit passed through from other entities	20	
21	Add lines 19 and 20. This is your 2010 credit	21	
21a	Fiduciaries - enter the amount of credit allocated to beneficiaries	21a	
21b	Fiduciaries - subtract line 21a from line 21	21b	
22	Carryover of unused capital investment credit	22	
23	Add lines 21 and 22 (lines 21b and 22 if fiduciary). This is the available capital investment credit	23	

**Part IV Recapture of Investment Credit**

PROPERTIES:		A	B	C
24	Enter kind of property (attach separate schedules if more space is needed)	24		
25	Date property was placed in service	25		
26	Original estimated useful life or recovery period	26		
27	Original credit	27		
28	Date property ceased to be qualified investment credit property	28		
29	Number of full years between the dates on lines 25 and 28	29		
30	Recapture percentage (from instructions)	30		
31	Multiply line 27 by the percentage on line 30	31		
32	Add line 31, columns A through C, plus any amounts from separate schedules	32		
33	Portion of original credit (line 27) not used to offset tax in any year, plus any carryforward of credits you can now apply to the original credit year	33		
34	Subtract line 33 from line 32. This is the total increase in tax	34		

**Health Insurance Risk-Sharing Plan Assessments Credit**

**2010**

Wisconsin Department of Revenue

File with Wisconsin Form 3, 4, 5, or 5S

Name Acme Foods Corp. Identifying Number 11-0000213

1 For each Health Insurance Risk-Sharing Plan (HIRSP) assessment paid in the taxable year covered by this return for which you received a notice of HIRSP tax credit from the HIRSP Authority, complete items a through f below:

(a) Assessment Date	(b) Assessment Amount	(c) Amount of Assessment Paid in Taxable Year	(d) Divide Column (c) by Column (b) (carry to 4 decimal places)	(e) Tax Credit Amount for Assessment Per HIRSP Notice	(f) Multiply Column (d) by Column (e)

2 Total from column (f) in line 1 above ..... 2 0

3 Health Insurance Risk-Sharing Plan assessments credit passed through from other entities ..... 3 250

4 Add lines 2 and 3. This is your 2010 Health Insurance Risk-Sharing Plan assessments credit ..... 4 250

5 Carryover of unused Health Insurance Risk-Sharing Plan assessments credit ..... 5 0

6 Add lines 4 and 5. This is the available Health Insurance Risk-Sharing Plan assessments credit ..... 6 250

**Instructions for 2010 Schedule HI**

**GENERAL INSTRUCTIONS**

**Purpose of Schedule HI**

Use Schedule HI to claim the Health Insurance Risk-Sharing Plan (HIRSP) assessments credit against your Wisconsin franchise or income tax liability.

**Who is Eligible to Claim the Credit**

An insurer who is required to participate in the cost of administering the Health Insurance Risk-Sharing Plan may be able to claim the HIRSP assessments credit.

The credit is based on the assessment by the Commissioner of Insurance for the insurer's proportion of participation based on the total assessments estimated by the Health Insurance Risk-Sharing Plan Authority.

**Caution:** You may not claim any HIRSP credit against your Wisconsin franchise or income tax liability which you also claimed against the premium taxes imposed under secs. 76.60, 76.63, 76.65, 76.66, or 76.67, Wis. Stats.

**Credit is Income**

The credit you compute on Schedule HI is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

**Wisconsin Development Zones Credits**

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

**2010**

Wisconsin Department of Revenue

Read instructions before filling in this schedule

Name Italian Pasta Co. Identifying Number 11-0002125

**Part I Development Zones Credit**

1	Enter the development zones credit for environmental remediation .....	1	0
2	Enter the development zones credit for job creation or retention. ....	2	21000
3	Add lines 1 and 2. This is the development zones credit before pass-through credits. ....	3	21000
4	Enter development zones credit passed through from other entities .....	4	0
5	Add lines 3 and 4. This is your 2010 credit. ....	5	21000
5a	Fiduciaries - enter the amount of credit allocated to beneficiaries .....	5a	
5b	Fiduciaries - subtract line 5a from line 5. ....	5b	
6	Carryover of unused development zones credit. ....	6	0
7	Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available development zones credit. ....	7	21000

**Part II Development Opportunity Zone Investment Credit**

8	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone:		
8a	Qualified purchases expensed under IRC section 179. ....	8a	
8b	Qualified purchases not expensed under IRC section 179. ....	8b	
9	Multiply line 8a by 1.75% (0.0175) .....	9	
10	Multiply line 8b by 2.5% (0.025) .....	10	
11	Add lines 9 and 10. This is the investment credit before pass-through credits .....	11	
12	Enter investment credit passed through from other entities .....	12	
13	Add lines 11 and 12. This is your 2010 credit. ....	13	
13a	Fiduciaries - enter the amount of credit allocated to beneficiaries .....	13a	
13b	Fiduciaries - subtract line 13a from line 13. ....	13b	
14	Carryover of unused opportunity zone investment credit. ....	14	
15	Add lines 13 and 14 (lines 13b and 14 if fiduciary). This is the available opportunity zone investment credit .....	15	

**Part III Development Opportunity Zone, Agricultural Development Zone, or Airport Development Zone Capital Investment Credit**

16	Enter the purchase price of depreciable, tangible personal property purchased during the taxable year that is used in the conduct of business in an opportunity zone, agricultural zone, or airport zone ..	16	
17	Enter the amount expended during the taxable year to acquire, construct, rehabilitate, remodel, or repair real property in an opportunity zone, agricultural zone, or airport zone .....	17	
18	Add lines 16 and 17 .....	18	
19	Multiply line 18 by 3% (0.03). This is the capital investment credit before pass-through credits .....	19	
20	Enter capital investment credit passed through from other entities .....	20	
21	Add lines 19 and 20. This is your 2010 credit. ....	21	
21a	Fiduciaries - enter the amount of credit allocated to beneficiaries .....	21a	
21b	Fiduciaries - subtract line 21a from line 21. ....	21b	
22	Carryover of unused capital investment credit. ....	22	
23	Add lines 21 and 22 (lines 21b and 22 if fiduciary). This is the available capital investment credit .....	23	

**Part IV Recapture of Investment Credit**

PROPERTIES:		A	B	C
24	Enter kind of property (attach separate schedules if more space is needed).	24		
25	Date property was placed in service. ....	25		
26	Original estimated useful life or recovery period .....	26		
27	Original credit .....	27		
28	Date property ceased to be qualified investment credit property .....	28		
29	Number of full years between the dates on lines 25 and 28. ....	29		
30	Recapture percentage (from instructions) .....	30		
31	Multiply line 27 by the percentage on line 30. ....	31		
32	Add line 31, columns A through C, plus any amounts from separate schedules .....	32		
33	Portion of original credit (line 27) not used to offset tax in any year, plus any carryforward of credits you can now apply to the original credit year .....	33		
34	Subtract line 33 from line 32. This is the total increase in tax .....	34		

Name <i>Italian Pasta Co.</i>	Federal Employer ID Number <i>11-0000125</i>
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1 Enter amount of tax credits authorized by the Department of Commerce . . . . .	<b>1</b>	<i>6000</i>
2 Enter economic development tax credit passed through from other entities . . . . .	<b>2</b>	<i>0</i>
3 Add lines 1 and 2. This is your 2010 economic development tax credit . . . . .	<b>3</b>	<i>6000</i>
3a Fiduciaries - Enter the amount of credit allocated to beneficiaries . . . . .	<b>3a</b>	
3b Fiduciaries - Subtract line 3a from line 3 . . . . .	<b>3b</b>	
4 Carryover of unused economic development tax credit . . . . .	<b>4</b>	<i>0</i>
5 Add lines 3 and 4 (lines 3b and 4 if fiduciary). This is the available economic development tax credit . . . . .	<b>5</b>	<i>6000</i>

**Instructions for 2010 Schedule ED**

**Purpose of Schedule ED**

Use Schedule ED to claim the economic development tax credit, which is available for taxpayers who are certified by the Department of Commerce. For information regarding how to become certified, visit the Department of Commerce web site at [www.commerce.wi.gov](http://www.commerce.wi.gov) or write to the Wisconsin Department of Commerce, PO Box 7970, Madison, WI 53707-7970.

**Who is Eligible to Claim the Credit**

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, or tax-exempt organization that is certified by the Department of Commerce may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credits, but the credits attributable to the entity's business operations pass through to the partners, members, or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the Department of Commerce.

- The claimant has received from the Department of Commerce a notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

**Specific Line Instructions**

**Line 1:** Enter the amount of tax benefits reported on the notice of eligibility received from the Department of Commerce.

**Line 2:** Enter the amount of economic development tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

**Line 3:** For estates or trusts, tax-option (S) corporations, partnerships, and LLCs treated as partnerships, show the entire amount of credit on line 3 and prorate that amount among the beneficiaries, shareholders, partners, or members on Schedule 2K-1, 5K-1, or 3K-1.

**Line 3a:** Enter the amount of economic development tax credit allocated to beneficiaries of estates or trusts. Prorate the beneficiaries' portion among the beneficiaries on Schedule 2K-1.

Name Wisconsin Telecom Co. Federal Employer ID Number 11-0000124

**Part I Credit for Increasing Research Expenses**

1	Enter Wisconsin research wage expenses	1	
2	Enter Wisconsin research supplies expenses	2	
3	Enter Wisconsin research computer rental expenses	3	
4	Enter applicable percentage of Wisconsin contract research expenses	4	
5	Enter expenses used to compute the federal orphan drug credit that qualify as Wisconsin research expenses	5	
6	Add lines 1 through 5	6	
7	Wages included on line 6 that qualify for the Wisconsin development zones credit	7	
8	Subtract line 7 from line 6. This is total Wisconsin research expenses	8	

**Section A Regular Credit.** Complete this section only if you are claiming the regular credit – see instructions. (Skip this section and go to section B if you are electing the alternative incremental credit.)  
Check (✓)  if this is a one-time only change in election.

9	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	9	
10	Enter Wisconsin fixed-base percentage, but not more than 16% (0.16), from the Worksheet on page 2, line 19	10	_____ %
11	Multiply line 9 by the percentage on line 10. This is the base amount	11	
12	Subtract line 11 from line 8. If zero or less, enter zero (0)	12	
13	Multiply line 8 by 50% (0.50)	13	
14	Enter the smaller of line 12 or line 13	14	
15	Multiply line 14 by 5% (0.05). This is the regular Wisconsin credit for increasing research expenses	15	

**Section B Alternative Incremental Credit.** Complete this section only if you are claiming the alternative credit – see instructions. (Skip this section and go to line 29 if you completed section A.)  
Check (✓)  if this is a one-time only change in election.

16	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	16	
17	Multiply line 16 by 1% (0.01)	17	
18	Subtract line 17 from line 8. If zero or less, enter zero (0)	18	
19	Multiply line 16 by 1.5% (0.015)	19	
20	Subtract line 19 from line 8. If zero or less, enter zero (0)	20	
21	Subtract line 20 from line 18. If zero or less, enter zero (0)	21	
22	Multiply line 16 by 2% (0.02)	22	
23	Subtract line 22 from line 8. If zero or less, enter zero (0)	23	
24	Subtract line 23 from line 20. If zero or less, enter zero (0)	24	
25	Multiply line 21 by 2.65% (0.0265)	25	
26	Multiply line 24 by 3.2% (0.032)	26	
27	Multiply line 23 by 3.75% (0.0375)	27	
28	Add lines 25, 26, and 27. This is the Wisconsin alternative incremental credit	28	
29	Carryover of unused research expense credit	29	
30	Add line 15 <u>or</u> line 28 to line 29. This is the available research expense credit	30	

**Part II Credit for Research Facilities**

31	Total qualified research facility expenditures	31	<u>300000</u>
32	Multiply line 31 by 5% (0.05)	32	<u>15000</u>
33	Carryover of unused research facilities credit	33	<u>0</u>
34	Add lines 32 and 33. This is the available research facilities credit	34	<u>15000</u>

**Form 4 Line 35a statement**

Wisconsin Telcom Co. owns ABC Distributors, LLC  
The Greek Playhouse owns Whole Foods, LLC

**Form 4R statements**

Line 4. Wisconsin Telcom Co. 11-0000124, \$150,000  
Line 5. Italian Pasta Company. 11-0000125, \$6,000,000  
Line 6. Acme Foods Corp. 11-0000013, \$50,000  
Line 12a. Midwest Hotels. 11-0000128, \$27,000  
Line 13. Fine Foods of Finland Co. 11-0000130, (\$13,000)  
Line 14. Marketing Inc. 11-0000135, (\$14,000)

**Schedule V Detail**

	Acme Foods Corp	WI Telcom Co.	Total
State Taxes	\$2,000,000	\$387,175	\$2,387,175
Bonus Depreciation	\$15,000		\$15,000
Taxes		\$5,000	\$5,000

**Schedule W Detail**

	Acme Foods Corp	WI Telcom Co.	Total
Depreciation	750		750
Charitable contributions		250	250

**1120**  
Form  
Department of the Treasury  
Internal Revenue Service

**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

For calendar year ~~2009~~ or tax year beginning \_\_\_\_\_, 20~~09~~, ending \_\_\_\_\_, 20  
▶ See separate instructions.

**2010**

<b>A Check if:</b>		Name	<b>B Employer identification number</b>
1a Consolidated return (attach Form 851) <input checked="" type="checkbox"/>	<b>Use IRS label.</b>	Hide 'N Seek Foods Inc.	<b>11-0000002</b>
b Life/nonlife consolidated return <input type="checkbox"/>	<b>Otherwise, print or type.</b>	Number, street, and room or suite no. If a P.O. box, see instructions.	<b>C Date incorporated</b>
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		32 Any Street	<b>06/15/1979</b>
3 Personal service corp. (see instructions) <input type="checkbox"/>		City or town, state, and ZIP code	<b>D Total assets (see instructions)</b>
4 Schedule M-3 attached <input checked="" type="checkbox"/>		Anytown, TX 77287	<b>\$ 860,788,175</b>
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

<b>Income</b>	1a Gross receipts or sales	496,482,805	b Less returns and allowances	60,233,606	c Bal ▶	1c	436,249,199
	2 Cost of goods sold (Schedule A, line 8)					2	287,440,463
	3 Gross profit. Subtract line 2 from line 1c					3	148,808,736
	4 Dividends (Schedule C, line 19)					4	2,304,041
	5 Interest					5	2,948,781
	6 Gross rents					6	6,132,695
	7 Gross royalties					7	2,707,354
	8 Capital gain net income (attach Schedule D (Form 1120))					8	409,942
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	530,308
	10 Other income (see instructions—attach schedule)					10	50,072,270
	11 <b>Total income.</b> Add lines 3 through 10					11	213,914,127

<b>Deductions (See instructions for limitations on deductions.)</b>	12 Compensation of officers (Schedule E, line 4)	12	3,563,291
	13 Salaries and wages (less employment credits)	13	30,986,825
	14 Repairs and maintenance	14	598,092
	15 Bad debts	15	378,768
	16 Rents	16	3,473,590
	17 Taxes and licenses	17	5,726,524
	18 Interest	18	21,434,718
	19 Charitable contributions	19	148,769
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)	20	1,656,534
	21 Depletion	21	
	22 Advertising	22	1,870,199
	23 Pension, profit-sharing, etc., plans	23	2,227,414
	24 Employee benefit programs	24	3,289,542
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach schedule)	26	55,481,163
	27 <b>Total deductions.</b> Add lines 12 through 26	27	130,835,429
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	83,078,698
	29 <b>Less:</b> a Net operating loss deduction (see instructions)	29a	
	b Special deductions (Schedule C, line 20)	29b	
29c			

<b>Tax, Refundable Credits, and Payments</b>	30 <b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)	30	83,078,698
	31 <b>Total tax</b> (Schedule J, line 10)	31	17,867,507
	32a 2008 overpayment credited to 2009	32a	232,650
	b 2009 estimated tax payments	32b	20,000,000
	c 2009 refund applied for on Form 4466	32c	( )
	d Bal ▶	32d	20,232,650
	e Tax deposited with Form 7004	32e	
	f Credits: (1) Form 2439 (2) Form 4136	32f	
	g Refundable credits from Form 3800, line 19c, and Form 8R27, line 8c	32g	
	32h	20,232,650	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached	33		
34 <b>Amount owed.</b> If line 32h is smaller than the total of lines 31 and 33, enter amount owed	34		
35 <b>Overpayment.</b> If line 32h is larger than the total of lines 31 and 33, enter amount overpaid	35	2,365,143	
36 Enter amount from line 35 you want: <b>Credited to 2010 estimated tax</b> ▶ 1,000,000 <b>Refunded</b> ▶	36	1,365,143	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	Chief Executive Officer	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	Electronic Tax Filers, Inc. 100 Efile Drive Anytown, TX 75231	EIN	11-000011 512-555-1212