

Form

1CNS

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

2024

Due Date: April 15, 2025

Check (✓) if this is an AMENDED return (Include Schedule AR)

Check (✓) if this is a final return

Corporation Year Ending 2 0 2 4

Form fields for Tax-Option (S) Corporation Name, Federal Employer ID Number, Address, City, State, Zip, Person to Contact, Telephone Number, and Fax Number.

Number of shareholders included in this return.

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

Schedule 1 Tax Computation

Table with 9 rows for tax computation: 1 Wisconsin tax-option (S) corporation income (loss) of qualifying and participating nonresident shareholders from Schedule 2, column D1 .00; 2 Tax from Schedule 2, column G .00; 3 Wisconsin tax withheld from Schedule 2, column H .00; 4 Amended Return Only - amount previously paid .00; 5 Add lines 3 and 4 .00; 6 Amended Return Only - amount previously refunded .00; 7 Subtract line 6 from 5 .00; 8 If line 7 is less than line 2, subtract line 7 from line 2 and enter amount due .00; 9 If line 7 is more than line 2, subtract line 2 from line 7 and enter overpayment. This is the amount to be refunded to corporation .00.

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

Third Party Designee section with fields for Name, Phone Number, and Personal Identification Number (PIN).

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

Table for SIGNATURES with columns for Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, and Date.

For information on how to file, see Filing Methods in instructions.

Schedule 2		Nonresident Shareholders Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)						
(A) Name and Address of Nonresident Shareholder (if Married Filing Jointly, see instructions)	(B) Social Security Number	(C) Pro Rata Share (%)	(D1) Shareholder's Share of WI Net Income (Loss) (D2) Shareholder's Share of WI Gross Income (from Sch. 5K-1, line 20)	(E) Federal Adjusted Gross Income From Form 1040	(F) Filing Status (S, H, MFJ, MFS)	(G) Tax From Worksheet or 7.65% of (D1)	(H) Tax Withheld from Form PW-1	(I) Balance Due (Overpay- ment)
a.			D1					
			D2					
b.			D1					
			D2					
c.			D1					
			D2					
d.			D1					
			D2					
e.			D1					
			D2					
f.			D1					
			D2					
g.			D1					
			D2					
h.			D1					
			D2					
i.			D1					
			D2					
j.			D1					
			D2					
k.			D1					
			D2					
TOTALS (enter on appropriate line on Schedule 1)			D1 total only					