

2024 Form 6I - Wisconsin Adjustment for Insurance Companies

Designated Agent Name	Federal Employer ID Number
-----------------------	----------------------------

Part I Additions Specific to Insurance Companies

Corporation Name: _____									
FEIN: _____									
					Elimination Adjustments				Combined Totals
1 Loss carryforward deducted in the calculation of federal taxable income 1	.00	.00	.00	.00	.00	1			.00
2 Dividend income received to the extent not included in the amount on Form 6, Part I, line 4 2	.00	.00	.00	.00	.00	2			.00
3 Additional federal deduction for insurers required to discount unpaid losses 3	.00	.00	.00	.00	.00	3			.00
4 Add lines 1 through 3. Enter this amount on Form 6, Part II, line 2i 4	.00	.00	.00	.00	.00	4			.00

Part II Nontaxable Income from Life Insurance Operations

5 Insurance company's federal taxable income as reported or included on Form 6, Part II, line 1 5	.00	.00	.00	.00	.00	5			.00
6 Insurance company's total addition modifications from Form 6, Part II, line 2k 6	.00	.00	.00	.00	.00	6			.00
7 Add lines 5 and 6 7	.00	.00	.00	.00	.00	7			.00
8 Insurance company's total subtraction modifications from Form 6, Part II, lines 4a through 4m plus line 4n-e 8	.00	.00	.00	.00	.00	8			.00
9 Subtract line 8 from line 7 9	.00	.00	.00	.00	.00	9			.00
10a Enter net gain from operations other than life insurance 10a	.00	.00	.00	.00	.00	10a			.00
10b Enter total net gain from operations 10b	.00	.00	.00	.00	.00	10b			.00
11 Divide line 10a by line 10b and enter result as a percentage (see instructions) 11	%	%	%	%	%	11			%
12 Multiply line 9 by line 11 12	.00	.00	.00	.00	.00	12			.00
13 Subtract line 12 from line 9. Enter this amount on Form 6, Part II, line 4o 13	.00	.00	.00	.00	.00	13			.00

