

# 2024 Form 6Y - Wisconsin Modification for Dividends

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

Corporation Name: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Combined  
Totals

|                           |  |  |           |     |     |     |           |     |
|---------------------------|--|--|-----------|-----|-----|-----|-----------|-----|
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1a</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1a</b> | .00 | .00 | .00 | <b>1a</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1b</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1b</b> | .00 | .00 | .00 | <b>1b</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1c</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1c</b> | .00 | .00 | .00 | <b>1c</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1d</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1d</b> | .00 | .00 | .00 | <b>1d</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1e</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1e</b> | .00 | .00 | .00 | <b>1e</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1f</b>                 | Date Acquired by Payee<br>M M D D Y Y Y Y  | Payee's Ownership of Payer (check (√) one)<br><input type="checkbox"/> > or = 70% <input type="checkbox"/> > 50% but < 70% | <b>1f</b> | .00 | .00 | .00 | <b>1f</b> | .00 |
| Name of Payer Corporation |  |  |           |     |     |     |           |     |
| <b>1g</b>                 | Add lines 1a through 1f . . . . .  |  | <b>1g</b> | .00 | .00 | .00 | <b>1g</b> | .00 |
| <b>1h</b>                 | Total of line 1g from additional Forms 6Y (see instructions) . . . . .               |  | <b>1h</b> | .00 | .00 | .00 | <b>1h</b> | .00 |
| <b>2</b>                  | Add lines 1g and 1h. . . . .   |  | <b>2</b>  | .00 | .00 | .00 | <b>2</b>  | .00 |
| <b>3</b>                  | Enter foreign taxes paid on dividends included on line 2 . . . . .                   |  | <b>3</b>  | .00 | .00 | .00 | <b>3</b>  | .00 |
| <b>4</b>                  | Subtract line 3 from line 2. Enter this amount on Form 6, Part II, line 4a . . . . . |  | <b>4</b>  | .00 | .00 | .00 | <b>4</b>  | .00 |