

Kilkenny Addition to Southbridge  
Neighborhood Association Inc  
2010 Cardinal Way  
Waunakee, WI 53597

Wisconsin Department of Revenue  
P.O. Box 8908  
Madison, WI 53708-8908



Form **4** **Wisconsin Non-Combined Corporation Franchise or Income Tax Return**

**2017**

For 2017 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
M M D D Y Y Y Y M M D D Y Y Y Y

**Complete form using BLACK INK. Due Date: Generally the 15th day of 4th month following close of taxable year. See instructions.**

DO NOT STAPLE OR BIND

Corporation Name <b>KILKENNY ADDITION TO SOUTHBRIDGE</b>			
Number and Street <b>2010 CARDINAL WAY</b>			Suite Number
City <b>WAUNAKEE</b>	State <b>WI</b>	ZIP (+ 4 digit suffix if known) <b>53597</b>	<b>A</b> Federal Employer ID Number <b>81 4067752</b>
<b>D</b> Check <input checked="" type="checkbox"/> if applicable and attach explanation:			<b>B</b> Business Activity (NAICS) Code <b>812190</b>
1 <input type="checkbox"/> Amended return	4 <input type="checkbox"/> Short period - change in accounting period		<b>C</b> State of Incorporation and Year <div style="border: 1px solid black; padding: 2px; display: inline-block;">WI</div> Enter abbreviation of state in box, or if a foreign country, enter below. <b>2016</b> <small>Y Y Y Y</small>
2 <input type="checkbox"/> First return - new corporation or entering Wisconsin	5 <input type="checkbox"/> Short period - stock purchase or sale		
3 <input type="checkbox"/> Final return - corporation dissolved or withdrew			

**Check  if applicable and see instructions:**

- E**  If you have an extension of time to file. Enter extended due date M M D D Y Y Y Y
- F**  If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.
- G**  If you have related entity expenses and are required to file Schedule RT with this return.
- H**  If this return is for an insurance company.
- I**  IRS adjustments became final during the year. Years adjusted ▶ \_\_\_\_\_



**DO NOT USE THIS FORM IF FILING AS A COMBINED GROUP**

**IF NO ENTRY ON A LINE, LEAVE BLANK**

PAPER CLIP check or money order here

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)	NO COMMAS; NO CENTS
<b>1</b> Enter the amount from Form 1120, line 28	<b>1</b> <u>1.00</u>
<b>2</b> Additions (from Schedule 4V, line 11)	<b>2</b> <u>.00</u>
<b>3</b> Add lines 1 and 2	<b>3</b> <u>1.00</u>
<b>4</b> Subtractions (from Schedule 4W, line 15)	<b>4</b> <u>.00</u>
<b>5</b> Subtract line 4 from line 3	<b>5</b> <u>1.00</u>
<b>6</b> Total company net nonapportionable and separately apportioned income (from Form(s) N, line 8)	<b>6</b> <u>.00</u>
<b>7</b> Subtract line 6 from line 5	<b>7</b> <u>1.00</u>
<b>8</b> Wisconsin apportionment percentage. Enter the apportionment percentage from Form A-1 or Form A-2. If the percentage is from Form A-2, check (✓) the space after the arrow	<b>8</b> <u>100.0000%</u>
If 100% apportionment, check (✓) the space after the arrow	▶ <input checked="" type="checkbox"/>
If using separate accounting, check (✓) the space after the arrow	▶ <input type="checkbox"/>
<b>9</b> Multiply line 7 by line 8	<b>9</b> <u>1.00</u>
<b>10</b> Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	<b>10</b> <u>.00</u>
<b>11</b> Add lines 9 and 10	<b>11</b> <u>1.00</u>
<b>12</b> Loss adjustment for insurance companies (from Schedule 4I, line 20)	<b>12</b> <u>.00</u>
<b>13</b> Add lines 11 and 12. This is the Wisconsin income before net business loss carryforwards	<b>13</b> <u>1.00</u>
<b>14</b> Wisconsin net business loss carryforward from Form 4BL, line 30(f). Do not enter more than line 13	<b>14</b> <u>.00</u>
<b>15</b> Subtract line 14 from line 13. This is Wisconsin net income or loss	<b>15</b> <u>1.00</u>

<b>16</b>	Enter 7.9% (0.079) of Wisconsin net income on line 15. This is tentative gross tax .....	<b>16</b>	_____	.00
<b>17</b>	Tax adjustment for insurance companies (from Schedule 41, line 26) .....	<b>17</b>	_____	.00
<b>18</b>	Gross tax (subtract line 17 from line 16) .....	<b>18</b>	_____	.00
<b>19</b>	Nonrefundable credits (from Schedule CR) .....	<b>19</b>	_____	.00
<b>20</b>	Subtract line 19 from line 18. If line 19 is more than line 18, enter zero (0). This is net tax .....	<b>20</b>	_____	0 .00
<b>21</b>	Economic development surcharge (see instructions) .....	<b>21</b>	_____	.00
<b>22</b>	Endangered resources donation (decreases refund or increases amount owed) .....	<b>22</b>	_____	.00
<b>23</b>	Veterans trust fund donation (decreases refund or increases amount owed) .....	<b>23</b>	_____	.00
<b>24</b>	Add lines 20 through 23 .....	<b>24</b>	_____	.00
<b>25</b>	Estimated tax payments and 2016 credit carryforward, less refund from Form 4466W .....	<b>25</b>	_____	.00
<b>26</b>	Wisconsin tax withheld (see instructions) .....	<b>26</b>	_____	.00
<b>27</b>	Refundable credits (from Schedule CR) .....	<b>27</b>	_____	.00
<b>28</b>	Amended Return Only – amount previously paid .....	<b>28</b>	_____	.00
<b>29</b>	Add lines 25 through 28 .....	<b>29</b>	_____	.00
<b>30</b>	Amended Return Only – amount previously refunded .....	<b>30</b>	_____	.00
<b>31</b>	Subtract line 30 from 29 .....	<b>31</b>	_____	.00
<b>32</b>	Interest, penalty, and late fee due (from Form U, line 17 or 26) If you annualized income on Form U, check (✓) the space after the arrow .....	<b>32</b>	_____	.00
<b>33</b>	<b>Amount Due.</b> If the total of lines 24 and 32 is larger than 31, subtract line 31 from the total of lines 24 and 32 .....	<b>33</b>	_____	.00
<b>34</b>	<b>Overpayment.</b> If line 31 is larger than the total of lines 24 and 32, subtract the total of lines 24 and 32 from line 31 .....	<b>34</b>	_____	.00
<b>35</b>	Enter amount from line 34 you want credited on 2018 estimated tax .....	<b>35</b>	_____	.00
<b>36</b>	Subtract line 35 from line 34. <b>This is your refund</b> .....	<b>36</b>	_____	.00
<b>37</b>	Enter total gross receipts from all activities (see instructions) .....	<b>37</b>	_____	2101.00
<b>38</b>	Enter total assets from federal Form 1120 .....	<b>38</b>	_____	1025.00
<b>39</b>	Total Wisconsin tangible property (see instructions) .....	<b>39</b>	_____	.00
<b>40</b>	Total tangible property (see instructions) .....	<b>40</b>	_____	.00
<b>41</b>	Total Wisconsin payroll (see instructions) .....	<b>41</b>	_____	.00
<b>42</b>	Total payroll (see instructions) .....	<b>42</b>	_____	.00
<b>43</b>	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) .....	<b>43</b>	_____	.00
<b>44</b>	Total sales, receipts, or premiums included in apportionment ratio (see instructions) .....	<b>44</b>	_____	.00



45 Is the corporation the sole owner of any limited liability companies?
Yes No X

46 Did you include the income of the LLCs listed for item 45 in this return?
Yes No X

47 Did you 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 X

48 Person to contact concerning this return:

Last name: GAULE First name: TIM

Phone #: 608 467 4251 Fax #: - - - - -

49 City and state where books and records are located for audit purposes: City WAUNAKEE State WI

50 List the locations of Wisconsin operations:

51 Yes No X Are any manufacturing facilities located in Wisconsin?

52 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service?
Yes No X If yes, enclose federal Schedule UTP with your Wisconsin tax return.

53 Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service?
Yes No X If yes, enclose federal Form 8886 with your Wisconsin tax return.

Third Party Designee Do you want to allow another person to discuss this return with the department? X Yes Complete the following. No
Print Designee's Name NATASHA CHAMBERS, CPA Phone Number 608 467 4251 Personal Identification Number (PIN) 11195

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.

Table with 3 columns: Signature of Officer, Title, Date; Preparer's Signature, Preparer's Federal Employer ID Number, Date. Values include TRESURER, 45 4012996, 01252018, and Tasha Chambers.

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

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



**U.S. Income Tax Return  
for Homeowners Associations**

▶ Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	Name <b>Kilkenny Addition to Southbridge Neighborhood Association Inc</b>	Employer identification number <b>81-4067752</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2010 Cardinal Way</b>	Date association formed <b>10/06/2016</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Wauunakee WI 53597</b>	

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

**A** Check type of homeowners association:  Condominium management association  Residential real estate association  Timeshare association

**B** Total exempt function income. Must meet 60% gross income test. See instructions **B** 2,400

**C** Total expenditures made for purposes described in 90% expenditure test. See instructions **C** 1,077

**D** Association's total expenditures for the tax year. See instructions **D** 1,076

**E** Tax-exempt interest received or accrued during the tax year **E**

**Gross Income (excluding exempt function income)**

1 Dividends	1	
2 Taxable interest	2	1
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach statement)	7	
<b>8 Gross income (excluding exempt function income). Add lines 1 through 7</b>	<b>8</b>	<b>1</b>

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach statement)	15	
<b>16 Total deductions. Add lines 9 through 15</b>	<b>16</b>	<b>0</b>
<b>17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8</b>	<b>17</b>	<b>1</b>
<b>18 Specific deduction of \$100</b>	<b>18</b>	<b>100</b>

**Tax and Payments**

19 <b>Taxable income.</b> Subtract line 18 from line 17	19	-99
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0
21 Tax credits (see instructions)	21	
<b>22 Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	<b>0</b>

23 a 2016 overpayment credited to 2017	<b>23a</b>				
b 2017 estimated tax payments	<b>23b</b>		c Total ▶	<b>23c</b>	
d Tax deposited with Form 7004				<b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439)				<b>23e</b>	
f Credit for federal tax paid on fuels (attach Form 4136)				<b>23f</b>	
g Add lines 23c through 23f				<b>23g</b>	

**24 Amount owed.** Subtract line 23g from line 22. See instructions **24** 0

**25 Overpayment.** Subtract line 22 from line 23g **25**

**26** Enter amount of line 25 you want: **Credited to 2018 estimated tax** ▶ **26** **Refunded** ▶

**Sign Here** 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. May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

Signature of officer **Tim Gaule** Date \_\_\_\_\_ Title **Treasurer**

**Paid** Print/Type preparer's name **Natasha Chambers, CPA** Preparer's signature \_\_\_\_\_ Date **01/25/18** Check  if self-employed PTIN **P00646886**

**Preparer Use Only** Firm's name ▶ **Chambers CPA, LLC** Firm's EIN ▶ **45-4012996**

Firm's address ▶ **1001 Arboretum Drive Ste 3  
Wauunakee, WI 53597-2674** Phone no. **608-467-4251**