

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**

2018

For 2018 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 KILKENNY ADDITION TO SOUTHBRIDGE			
Number and Street 2010 CARDINAL WAY			Suite Number
City WAUNAKEE	State WI	ZIP (+ 4 digit suffix if known) 53597	A Federal Employer ID Number 81 4067752
D Check <input checked="" type="checkbox"/> if applicable and attach explanation:			B Business Activity (NAICS) Code 812190
1 <input type="checkbox"/> Amended return (Include Schedule AR)	4 <input type="checkbox"/> Short period - change in accounting period	C State of Incorporation and Year	
2 <input type="checkbox"/> First return - new corporation or entering Wisconsin	5 <input type="checkbox"/> Short period - stock purchase or sale	<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.	and Year 2016 Y Y Y Y
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
1 Enter the amount from Form 1120, line 28	1 _____ .00
2 Additions (from Schedule 4V, line 11)	2 _____ .00
3 Add lines 1 and 2	3 _____ .00
4 Subtractions (from Schedule 4W, line 15)	4 _____ .00
5 Subtract line 4 from line 3	5 _____ .00
6 Total company net nonapportionable and separately apportioned income (from Form(s) N, line 8)	6 _____ .00
7 Subtract line 6 from line 5	7 _____ .00
8 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	8 _____ 100.0000%
If 100% apportionment, check (✓) the space after the arrow	▶ <input checked="" type="checkbox"/>
If using separate accounting, check (✓) the space after the arrow	▶ _____
9 Multiply line 7 by line 8	9 _____ .00
10 Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	10 _____ .00
11 Add lines 9 and 10	11 _____ .00
12 Loss adjustment for insurance companies (from Schedule 4I, line 20)	12 _____ .00
13 Add lines 11 and 12. This is the Wisconsin income before net business loss carryforwards	13 _____ .00
14 Wisconsin net business loss carryforward from Form 4BL, line 30(f). Do not enter more than line 13	14 _____ .00
15 Subtract line 14 from line 13. This is Wisconsin net income or loss	15 _____ .00

16	Enter 7.9% (0.079) of Wisconsin net income on line 15. This is tentative gross tax	16	_____	.00
17	Tax adjustment for insurance companies (from Schedule 41, line 26)	17	_____	.00
18	Gross tax (subtract line 17 from line 16)	18	_____	.00
19	Nonrefundable credits (from Schedule CR)	19	_____	.00
20	Subtract line 19 from line 18. If line 19 is more than line 18, enter zero (0). This is net tax	20	_____	0 .00
21	Economic development surcharge (see instructions)	21	_____	.00
22	Endangered resources donation (decreases refund or increases amount owed)	22	_____	.00
23	Veterans trust fund donation (decreases refund or increases amount owed)	23	_____	.00
24	Add lines 20 through 23	24	_____	.00
25	Estimated tax payments and 2017 credit carryforward, less refund from Form 4466W	25	_____	.00
26	Wisconsin tax withheld (see instructions)	26	_____	.00
27	Refundable credits (from Schedule CR)	27	_____	.00
28	Amended Return Only – amount previously paid	28	_____	.00
29	Add lines 25 through 28	29	_____	.00
30	Amended Return Only – amount previously refunded	30	_____	.00
31	Subtract line 30 from 29	31	_____	.00
32	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	32	_____	.00
33	Amount Due. If the total of lines 24 and 32 is larger than 31, subtract line 31 from the total of lines 24 and 32	33	_____	.00
34	Overpayment. If line 31 is larger than the total of lines 24 and 32, subtract the total of lines 24 and 32 from line 31	34	_____	.00
35	Enter amount from line 34 you want credited on 2019 estimated tax	35	_____	.00
36	Subtract line 35 from line 34. This is your refund	36	_____	.00
37	Enter total gross receipts from all activities (see instructions)	37	_____	.00
38	Enter total assets from federal Form 1120	38	_____	.00
39	Total Wisconsin tangible property (see instructions)	39	_____	.00
40	Total tangible property (see instructions)	40	_____	.00
41	Total Wisconsin payroll (see instructions)	41	_____	.00
42	Total payroll (see instructions)	42	_____	.00
43	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions)	43	_____	.00
44	Total sales, receipts, or premiums included in apportionment ratio (see instructions)	44	_____	.00



45 Is the corporation the sole owner of any limited liability companies?
Yes No If yes, prepare and submit Schedule DE with this return.

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

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

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 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 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 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? 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 information furnished hereon 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. Includes handwritten signature 'Tasha Chambers' and values 'TRESURER', '45 4012996', '02112019'.

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



Name KILKENNY ADDITION TO SOUTHBRIDGE	Federal Employer ID Number 81 4067752
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Separate Entity Corporations	<i>(see instructions)</i>
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	(a) Year	(b) Loss for Tax Year in Column (a)	(c) Income for Tax Year in Column (a)	(d) Loss Used/Expired for Tax Year in Column (a)	(e) Years Losses in Column (d) Incurred	(f) Remaining Loss Available
1	1988					
2	1989					
3	1990					
4	1991					
5	1992					
6	1993					
7	1994					
8	1995					
9	1996					
10	1997					
11	1998					
12	1999					
13	2000					
14	2001					
15	2002					
16	2003					
17	2004					
18	2005					
19	2006					
20	2007					
21	2008					
22	2009					
23	2010					
24	2011					
25	2012					
26	2013					
27	2014					
28	2015					
29	2016					
30	2017					

