Schedule \

Wisconsin Subtraction Modification for Dividends

File with Wisconsin Form 4 or 5

2012

Federal Employer ID Number

Wisconsin Department of Revenue

Corporation or Designated Agent Name

Read instructions before filling in this schedule

Dividends Received Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ___ > 50% but < or = 70%_______ **1a** ______ .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ 1b Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 50% but < or = 70% _____ 1b .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}} \overline{\mathsf{M}} \overline{\mathsf{D}} \overline{\mathsf{D}} \overline{\mathsf{C}} \overline{\mathsf{C}} \overline{\mathsf{Y}} \overline{\mathsf{Y}}$ 1c Name of Payee Corporation Payee's Ownership of Payer (check (√) one) 1 > 70% .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ 1d Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 50% but < or = 70% _____ 1d _____ .00 Name of Payer Corporation Date Acquired by Payee $\overline{\mathsf{M}}$ $\overline{\mathsf{M}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{D}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{C}}$ $\overline{\mathsf{Y}}$ $\overline{\mathsf{Y}}$ 1e Name of Payee Corporation Payee's Ownership of Payer (check (√) one) ____ > 50% but < or = 70% _____ 1e •00 Name of Payer Corporation Date Acquired by Payee MMDDCCYY Name of Payee Corporation Payee's Ownership of Payer (check (√) one) **└** > 70% ____ > 50% but < or = 7<u>0</u>% _____ **1f** _____ .00 .00 **.**00 .00 .00 .00

