

Name and Address

A Federal Employer ID Number

B County

C Check box if this is an amended return.

D Check box if the partnership has terminated.

E Check box if this is an LLC. **H**

F Enter taxable year beginning date _____, 1997, and ending date _____, 19___. (This form covers the same period as your Wisconsin partnership return and is due at the same time as that return.)

G If you received an extension of time to file your partnership return, enter the extended due date _____, 19_____.

H Person to contact concerning this return: Name _____ Telephone Number _____.

I Is the partnership engaged **only** in farming (see instructions)? Yes No If "yes," skip to line 6.

Surcharge on Net Business Income (Except From Farming)

| | |
|--|----------|
| 1 Enter the partnership gross receipts (see instructions) | 1 |
| 2 Enter the net business income (see instructions) | 2 |
| 3 Percent to Wisconsin (from Form 4B, line 28 or 33) | 3 |
| 4 Multiply amount on line 2 by percentage on line 3. This is Wisconsin net business income | 4 |
| 5 Enter the greater of \$25 or 0.4345% (.004345) of the amount on line 4, but not more than \$9,800 | 5 |

Surcharge on Net Farm Profit

| | |
|--|----------|
| 6 If you are engaged in farming and have a net farm profit of \$1,000 or more, enter \$25 | 6 |
|--|----------|

Amount Due or Refund

| | |
|--|-----------|
| 7 Add lines 5 and 6. This is the total temporary recycling surcharge | 7 |
| 8 Enter estimated temporary recycling surcharge payments (see instructions) | 8 |
| 9 Interest due (from Form 3U, line 18) | 9 |
| 10 Amount Due. If the total of lines 7 and 9 is larger than line 8, enter amount owed | 10 |
| 11 Overpayment. If line 8 is larger than the total of lines 7 and 9, enter amount overpaid | 11 |
| 12 Enter amount of line 11 you want credited on 1998 estimated surcharge | 12 |
| 13 Subtract line 12 from line 11. This is your refund | 13 |

| | | | |
|-------------------|---|--------------------|------|
| SIGNATURES | Under penalties of law, I declare that this return is true, correct, and complete to the best of my knowledge and belief. | | |
| | Signature of General Partner | Date | |
| | Signature of Preparer | Preparer's Address | Date |
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| MAILING | Please make your check payable to and mail Form 3S to: Wisconsin Department of Revenue P.O. Box 8965 Madison, WI 53708-8965 |
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