

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 _____, 1998, 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 0.2173% (.002173) 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
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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 1999 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		Date
	Preparer's Address		Date

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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