

1999

Combined Wisconsin Individual and Fiduciary Income Tax Return for Nonresident Partners

Form

1CNP

Due Date: April 17, 2000

Partnership Name, Federal Employer ID Number, Wisconsin Employer ID (Withholding) Number, Number and Street, Partnership Year Ending (Month and Year), City, State, Zip Code, Person to Contact Regarding This Return, Telephone Number, Fax Number

Instructions:

Complete this form on behalf of the qualifying and participating nonresident partners of a partnership that derives income from business transacted, services performed, or property located in Wisconsin. All requirements stated in the instructions to this form must be met in order to file a combined individual and fiduciary income tax return.

Schedule 1 Tax Computation

Table with 9 rows for tax computation: 1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E; 2 Tax from Schedule 2, column H; 3 Alternative minimum tax from Schedule 2, column I; 4 Add lines 2, and 3. This is the total tax; 5 Estimated tax payments from Schedule 2, column J; 6 If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due; 7 If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment; 8 Amount of line 7 to be applied to 2000 estimated tax; 9 Amount of line 7 to be refunded to partnership

SIGNATURES: I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this partnership has a power of attorney or other written authorization from each qualifying and participating nonresident partner to file this combined return on the partner's behalf. Signature of General Partner, Date, Individual or Firm Signature of Preparer, Preparer's Address, Date

MAILING: Attach a copy of any application for an extension of time to file the return. Don't attach a copy of federal Form 1065 or 1065-B, Wisconsin Form 3, the federal Schedules K-1, or the Wisconsin Schedules 3K-1. Make check payable to and mail return to: Wisconsin Department of Revenue, P.O. Box 8912, Madison, WI 53708-8912

Schedule 2 Nonresident Partners Qualifying and Participating in Combined Return (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	(B) Identifying Number	(C) Partner's Share of Wisconsin Partnership Income (Loss)	(D) Guaranteed Payments	(E) Total Wisconsin Income (Loss) (C) + (D)	(F) Federal Adjusted Gross Income	(G) Filing Status (S, H, MFJ, MFS)	(H) Tax	(I) Alternative Minimum Tax	(J) Estimated Tax Payments	(K) Balance Due (Overpay- ment)
a.										
b.										
c.										
d.										
e.										
f.										
g.										
h.										
i.										
j.										
k.										
TOTALS (enter on appropriate line on Schedule 1)										