

<i>Please print or type.</i>			<b>A</b> Federal Employer ID Number	
Name			<b>B</b> County	
Number and Street			<b>C</b> Check box <input type="checkbox"/> if this an amended return.	
			<b>D</b> Check box <input type="checkbox"/> if the partnership has terminated.	
City	State	Zip Code	<b>E</b> Check box <input type="checkbox"/> if this is an LLC.	<b>H</b>

**F** Enter taxable year beginning date \_\_\_\_\_, 2000, and ending date \_\_\_\_\_, 20 \_\_\_\_\_. (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 \_\_\_\_\_, \_\_\_\_\_.

**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 Nonfarm Trade or Business Activities**

1 Enter the partnership gross receipts from nonfarm trade or business activities (see instructions) . . .	<b>1</b>	
2 Enter the net business income (see instructions) . . . . .	<b>2</b>	
3 Percent to Wisconsin (from Form 4B, line 28 or 33) . . . . .	<b>3</b>	
4 Multiply amount on line 2 by percentage on line 3. This is Wisconsin net business income . . . . .	<b>4</b>	
5 Enter the greater of \$25 or 0.2% (.002) of the amount on line 4, but not more than \$9,800 . . . . .	<b>5</b>	

**Surcharge on Farming Activities**

6 If you are engaged in farming and have gross receipts from farming of more than \$1,000,000, enter \$25 . . . . .	<b>6</b>	
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**Amount Due or Refund**

7 Add lines 5 and 6. This is the total recycling surcharge . . . . .	<b>7</b>	
8 Enter estimated recycling surcharge payments (see instructions) . . . . .	<b>8</b>	
9 Interest due (from Form 3U, line 16) . . . . .	<b>9</b>	
10 <b>Amount Due.</b> If the total of lines 7 and 9 is larger than line 8, enter amount owed . . . . .	<b>10</b>	
11 <b>Overpayment.</b> If line 8 is larger than the total of lines 7 and 9, enter amount overpaid . . . . .	<b>11</b>	
12 Enter amount of line 11 you want credited on 2001 estimated surcharge . . . . .	<b>12</b>	
13 Subtract line 12 from line 11. <b>This is your refund</b> . . . . .	<b>13</b>	

<i>Under penalties of law, I declare that this return is true, correct, and complete to the best of my knowledge and belief.</i>			
<b>SIGNATURES</b>	Signature of General Partner	Date	
	Signature of Preparer	Preparer's Address	Date

<b>MAILING</b>	Please make your check payable to and mail Form 3S to: Wisconsin Department of Revenue PO Box 8965 Madison WI 53708-8965
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