

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

- 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) . . .	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 0.2% (.002) of the amount on line 4, but not more than \$9,800	5	

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.	6	
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Amount Due or Refund

7 Add lines 5 and 6. This is the total recycling surcharge	7	
8 Enter estimated recycling surcharge payments (see instructions)	8	
9 Interest due (from Form 3U, line 16)	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 2001 estimated surcharge . . . 12		
13 Subtract line 12 from line 11. This is your refund	13	

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

MAILING	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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