

<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.

**F** Enter taxable year beginning date \_\_\_\_\_, 2002, 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 \_\_\_\_\_, 20 \_\_\_\_\_.

**H** Person to contact concerning this return: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_.

**Computation of Surcharge**

1 Enter the partnership gross receipts from trade or business activities (see instructions) . . . . .	<b>1</b>	
2 Enter the net business income (do not include net farm profit or loss; 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% (0.002) of the amount on line 4, but not more than \$9,800. This is your recycling surcharge . . . . .	<b>5</b>	

**Amount Due or Refund**

6 Enter estimated recycling surcharge payments (see instructions) . . . . .	<b>6</b>	
7 Interest due (from Form 3U, line 18) . . . . .	<b>7</b>	
8 <b>Amount Due.</b> If the total of lines 5 and 7 is larger than line 6, enter amount owed . . . . .	<b>8</b>	
9 <b>Overpayment.</b> If line 6 is larger than the total of lines 5 and 7, enter amount overpaid. . . . .	<b>9</b>	
10 Enter amount of line 9 you want credited on 2003 estimated surcharge . . . <b>10</b>		
11 Subtract line 10 from line 9. <b>This is your refund</b> . . . . .	<b>11</b>	

<b>SIGNATURES</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>		
	Signature of General Partner		Date
	▶		
	Signature of Preparer	Preparer's Address	Date
▶			

<b>MAILING</b>	Please make your check payable to and mail it with the completed Form 3S to: Wisconsin Department of Revenue P.O. Box 8965 Madison, WI 53708-8965
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