

Due Date: April 15, 2004

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**

1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E . . . . .	1	. . . . .
2 Tax from Schedule 2, column H . . . . .	2	. . . . .
3 Alternative minimum tax from Schedule 2, column I . . . . .	3	. . . . .
4 Add lines 2 and 3. This is the total tax . . . . .	4	. . . . .
5 Estimated tax payments from Schedule 2, column J . . . . .	5	. . . . .
6 If line 5 is less than line 4, subtract line 5 from line 4 and enter <b>tax due</b> . . . . .	6	. . . . .
7 If line 5 is more than line 4, subtract line 4 from line 5 and enter <b>overpayment</b> . . . . .	7	. . . . .
8 Amount of line 7 to be <b>applied to 2004 estimated tax</b> ▶ 8 . . . . .	8	. . . . .
9 Amount of line 7 to be <b>refunded</b> to partnership . . . . .	9	. . . . .

<b>SIGNATURES</b>	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

<b>MAILING</b>	<p>Attach a copy of any application for an extension of time to file the return. <i>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.</i></p> <p>Make check payable to and mail return to:      Wisconsin Department of Revenue  P.O. Box 8912  Madison, WI 53708-8912</p>
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**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.										
<b>TOTALS</b> (enter on appropriate line on Schedule 1) .....										