

<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.

F Enter taxable year beginning date _____, 2004, 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)	1	
2 Enter the net business income (do not include net farm profit or loss; 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% (0.002) of the amount on line 4, but not more than \$9,800. This is your recycling surcharge	5	

Amount Due or Refund

6 Enter estimated recycling surcharge payments (see instructions)	6	
7 Interest due (from Form 3U, line 18)	7	
8 Amount Due. If the total of lines 5 and 7 is larger than line 6, enter amount owed	8	
9 Overpayment. If line 6 is larger than the total of lines 5 and 7, enter amount overpaid.	9	
10 Enter amount of line 9 you want credited on 2005 estimated surcharge . . . 10		
11 Subtract line 10 from line 9. This is your refund	11	

SIGNATURES	<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

MAILING	Please make your check payable to and mail it with the completed Form 3S to: Wisconsin Department of Revenue P.O. Box 8908 Madison, WI 53708-8908
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