



Form

3S

Wisconsin Department of Revenue

# Wisconsin Partnership Recycling Surcharge

# 2005

<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 is 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 \_\_\_\_\_, 2005, 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	Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1) . . . . .	3	. %
4	Multiply line 2 by 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	<b>Amount due.</b> If the total of lines 5 and 7 is larger than line 6, enter amount owed . . . . .	8	
9	<b>Overpayment.</b> 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 2006 estimated surcharge . . . <b>10</b>		
11	Subtract line 10 from line 9. <b>This is your refund</b> . . . . .	11	

*Under penalties of law, I declare that this return is true, correct, and complete to the best of my knowledge and belief.*

Signature of General Partner		Date
Signature of Preparer		Date
Preparer's Address		

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