

Form **3** Wisconsin Partnership Return

2006

For 2006 or taxable year beginning                                         and ending                                        

**Complete form using BLACK INK.** **Due Date:** 15th day of 4th month following close of taxable year.

Name			A Federal Employer ID Number	
Number and Street			B Business Activity (NAICS) Code	
City	State	ZIP Code	C State of Formation	and Year

**D Check type of entity that is filing this return:**

1  General partnership                      3  Limited partnership                      5  Other (explain) \_\_\_\_\_

2  Limited liability partnership                      4  Limited liability company

**Check box if applicable and see instructions:**

E  If this is an amended return, include an explanation of the changes.

F  If you have an extension of time to file, enter the extended due date                                        

G  If the partnership has terminated.

H  If you are filing a Form 1CNP on behalf of nonresident partners.

I  If you want forms sent to you for 2007.

J  If you have at least \$4 million of gross receipts and file Form 3S.

K Number of partners ▶ \_\_\_\_\_ Number of nonresident partners ▶ \_\_\_\_\_

L Person to contact concerning this return: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



**Schedule 3K – Partners’ Distributive Share Items**

Use whole dollars only.

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
<b>Income (Loss)</b>	1 Ordinary business income (loss) .....	_____	_____	_____
	2 Net rental real estate income (loss) (attach Form 8825) .....	_____	_____	_____
	3 Other net rental income (loss) (attach schedule) .....	_____	_____	_____
	4 Guaranteed payments .....	_____	_____	_____
	5 Interest income .....	_____	_____	_____
	6 Ordinary dividends .....	_____	_____	_____
	7 Royalties .....	_____	_____	_____
	8 Net short-term capital gain (loss) .....	_____	_____	_____
	9 Net long-term capital gain (loss) .....	_____	_____	_____
	10 Net section 1231 gain (loss) (attach Form 4797) .....	_____	_____	_____
<b>Other Deductions</b>	11 Other income (loss) (attach schedule) .....	_____	_____	_____
	12 Section 179 deduction (attach Form 4562) .....	_____	_____	_____
	13 a Contributions .....	_____	_____	_____
	b Investment interest expense .....	_____	_____	_____
	c Section 59(e)(2) expenditures (1) Type _____ (2) Amount .....	_____	_____	_____
	d Other deductions (attach schedule) .....	_____	_____	_____
	14 Net earnings (loss) from self employment .....	_____	_____	_____

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
<b>Credits</b>	<b>15 a</b> Dairy and livestock farm investment credit .....	_____	_____	_____
	<b>b</b> Development zones credit .....	_____	_____	_____
	<b>c</b> Development opportunity zone investment credit .....	_____	_____	_____
	<b>d</b> Development zone capital investment credit .....	_____	_____	_____
	<b>e</b> Technology zone credit .....	_____	_____	_____
	<b>f</b> Early stage seed investment credit .....	_____	_____	_____
	<b>g</b> Angel investment credit .....	_____	_____	_____
	<b>h</b> Supplement to federal historic rehabilitation tax credit .....	_____	_____	_____
	<b>i</b> Tax paid to other states (enter name of state) <b>(1)</b> _____	_____	_____	_____
	<b>(2)</b> _____	_____	_____	_____
	<b>(3)</b> _____	_____	_____	_____
<b>j</b> Wisconsin tax withheld .....	_____	_____	_____	
<b>Foreign Transactions</b>	<b>16 a</b> Name of country or U.S. possession .....	_____	_____	_____
	<b>b</b> Gross income from all sources .....	_____	_____	_____
	<b>c</b> Gross income sourced at partner level .....	_____	_____	_____
	<i>Foreign gross income sourced at partnership level:</i>			
	<b>d</b> Passive .....	_____	_____	_____
	<b>e</b> Listed categories ( <i>attach statement</i> ) .....	_____	_____	_____
	<b>f</b> General limitation .....	_____	_____	_____
	<i>Deductions allocated and apportioned at partner level:</i>			
	<b>g</b> Interest expense .....	_____	_____	_____
	<b>h</b> Other .....	_____	_____	_____
	<i>Deductions allocated and apportioned at partnership level to foreign source income:</i>			
	<b>i</b> Passive .....	_____	_____	_____
	<b>j</b> Listed categories ( <i>attach statement</i> ) .....	_____	_____	_____
	<b>k</b> General limitation .....	_____	_____	_____
<b>l</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ...	_____	_____	_____	
<b>m</b> Reduction in taxes available for credit ( <i>attach statement</i> ) ..	_____	_____	_____	
<b>n</b> Other foreign tax information ( <i>attach statement</i> )	_____	_____	_____	
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17 a</b> Post-1986 depreciation adjustment .....	_____	_____	_____
	<b>b</b> Adjusted gain or loss .....	_____	_____	_____
	<b>c</b> Depletion (other than oil and gas) .....	_____	_____	_____
	<b>d</b> Oil, gas, and geothermal properties – gross income .....	_____	_____	_____
	<b>e</b> Oil, gas, and geothermal properties – deductions .....	_____	_____	_____
	<b>f</b> Other AMT items ( <i>attach schedule</i> ) .....	_____	_____	_____



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
<b>Other</b>	<b>18</b> <b>a</b> Tax-exempt interest income .....	_____	_____	_____
	<b>b</b> Other tax-exempt income .....	_____	_____	_____
	<b>c</b> Nondeductible expenses .....	_____	_____	_____
	<b>19</b> <b>a</b> Distributions of cash and marketable securities .....	_____	_____	_____
	<b>b</b> Distributions of other property .....	_____	_____	_____
	<b>20</b> <b>a</b> Investment income .....	_____	_____	_____
	<b>b</b> Investment expenses .....	_____	_____	_____
	<b>c</b> Other items and amounts ( <i>attach schedule</i> )	_____	_____	_____
	<b>21</b> <b>Income (loss)</b> ( <i>see instructions</i> ) .....	_____	_____	_____
	<b>22</b> Gross income (before deducting expenses) from all activities .....	_____	_____	_____

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

Signature of General Partner	Date	Signature of Preparer	Date
			

**Paper clip (don't staple or bind) a copy of your federal Form 1065, any accompanying schedules, and Schedules 3K-1.**

Mail to: Wisconsin Department of Revenue  
 PO Box 8965  
 Madison, WI 53708-8965

