2006

Composite Wisconsin Individual Income Tax Return for Nonresident Partners

1CNP

Due Date: April 16, 2007

Partnership Name		Federal Employer ID Number						
		Partnership Year Ending (Month and Year)						
Number and Street	1	Check here if this is an amended return						
City		State	ZIP Code	Code				
Person to Contact	Regarding This Return	Telephone Number	r					
•	form on behalf of the qualifying and parti usiness transacted, services performed	. •	•	-				
	ons to this form must be met in order to			•				
Schedule 1	Tax Computation							
partners f Tax from Alternativ Add lines Wisconsi If line 5 is Amount 6	n partnership income (loss) of qualifying an from Schedule 2, column E	umn J	2 3 4 5 6 7					
SIGNATURES	I have personally examined this return, including best of my knowledge and belief, a true, correct, Wisconsin Statutes. I also declare that this part qualifying and participating nonresident partner to Signature of General Partner	and complete report of income unership has a power of attorney	inder the provision or other written	ons of Chapter 71 of the authorization from each				
	Individual or Firm Signature of Preparer	Date						
MAILING	Attach a copy of any application for an extension of time to file the return. Don't attach a copy of federal Form 1065 or 1065-B, Wisconsin Form 3, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 3K-1.							
MAILING	Make check payable to and mail return to:	Wisconsin Department of Revenue P.O. Box 8991 Madison, WI 53708-8991						

Schedule 2 Nonresident Partners Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)

		, ,			•			'		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
Name and Address of Nonresident Partner (and	Social Security	Partner's Share of Wisconsin Partnership Income	Guaranteed	Total Wisconsin Income (Loss)	Federal Adjusted Gross Income From	Filing Status (S, H, MFJ,		Alternative Minimum	Wisconsin Income Tax	Balance Due (Overpay-
Nonresident Partner (and Spouse if Married Filing Jointly)	Security Number	(Loss)	Payments	(Loss) (C) + (D)	Form 1040	MFS)	Tax	Tax	Withheld	ment)
a.										,
b.										
C.										
d.										
е.										
f.										
g.										
h.										
i.										
j.										
k.										
TOTALS (enter on appropriate	line on Sched	ule 1)				l				