

Due Date: April 16, 2007

Partnership Name	Federal Employer ID Number Partnership Year Ending (Month and Year)				
Number and Street	Check here if this is an amended	d return			
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 composite individual 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	Wisconsin income tax withheld from Schedule 2, column J	5	
6	If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6	
7	If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment	7	
8	Amount of line 7 to be applied to 2007 withholding tax > 8	_	
9	Amount of line 7 to be refunded to partnership	9	

SIGNATURES	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 composite return on the partner's behalf.							
	Signature of General Partner	Date						
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date					
	Attach a copy of any application for an extension of time to file the return.							
MAILING	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.							
	Make check payable to and mail return to:	Wisconsin Department of Revenu P.O. Box 8991 Madison, WI 53708-8991	le					

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