

Form **3S** Wisconsin Partnership
Recycling Surcharge

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 County		
City	State	ZIP Code			

C 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:

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

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

F If the partnership has terminated.

G Person to contact concerning this return: _____
Phone #: _____ Fax #: _____



Computation of Surcharge

1 Enter the partnership gross receipts from trade or business activities (see instructions) . . .	1		.00
2 Enter the net business income (do not include net farm profit or loss; see instructions) . . .	2		.00
3 Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point)	3	_____ . _____	%
4 Multiply line 2 by line 3. This is Wisconsin net business income	4		.00
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		.00

Amount Due or Refund

6 Enter estimated recycling surcharge payments (see instructions)	6		.00
7 Underpayment interest due (from Form 3U, line 18)	7		.00
8 Amount due. If the total of lines 5 and 7 is larger than line 6, enter amount owed	8		.00
9 Overpayment. If line 6 is larger than the total of lines 5 and 7, enter amount overpaid.	9		.00
10 Enter amount of line 9 you want credited on 2007 estimated surcharge	10		.00
11 Subtract line 10 from line 9. This is your refund	11		.00

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	Preparer's Federal Employer ID Number	Date

Make your check payable to and mail Form 3S to: Wisconsin Department of Revenue
P.O. Box 8908
Madison, WI 53708-8908