

Due Date: April 15, 2008

Partnership Name		Federal Employer ID Number									
		Partnership Year Ending									
		<table style="margin: auto; border: none;"> <tr> <td style="border: none;">M</td><td style="border: none;">M</td><td style="border: none;">D</td><td style="border: none;">D</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td> </tr> </table>		M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y				
Number and Street		Check here <input type="checkbox"/> if this is an amended return									
City		State	Zip Code								
Person to Contact Regarding This Return		Telephone Number	Fax Number								
Type of Partnership (check one) <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="width:25%;"><input type="checkbox"/> General Partnership</td> <td style="width:25%;"><input type="checkbox"/> Limited Partnership</td> <td colspan="2" style="width:50%;"><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Limited Liability Company</td> <td colspan="2" style="text-align: right;">(Explain) _____</td> </tr> </table>				<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other		<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	(Explain) _____	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other									
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	(Explain) _____									

**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**

<b>1</b>	Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E .....	<b>1</b>	.
<b>2</b>	Tax from Schedule 2, column H .....	<b>2</b>	.
<b>3</b>	Alternative minimum tax from Schedule 2, column I .....	<b>3</b>	.
<b>4</b>	Add lines 2 and 3. This is the total tax .....	<b>4</b>	.
<b>5</b>	Wisconsin income tax withheld from Schedule 2, column J. Attach Form PW-1 if applicable (see instructions) .....	<b>5</b>	.
<b>6</b>	If line 5 is less than line 4, subtract line 5 from line 4 and enter <b>tax due</b> .....	<b>6</b>	.
<b>7</b>	If line 5 is more than line 4, subtract line 4 from line 5 and enter <b>overpayment</b> .....	<b>7</b>	.
<b>8</b>	Amount of line 7 to be <b>applied to 2008 withholding tax</b> > <b>8</b> .....	<b>8</b>	.
<b>9</b>	Amount of line 7 to be <b>refunded</b> to partnership .....	<b>9</b>	.

<b>SIGNATURES</b>	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.

*Don't attach a copy of federal Form 1065 or 1065-B, Wisconsin Form 3, the federal Schedules K-1, or the Wisconsin Schedules 3K-1.*

<b>IF NOT FILING ELECTRONICALLY</b>	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) Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C) Partner's Share of Wisconsin Partnership Income (Loss)	(D) Guaranteed Payments	(E) Total Wisconsin Income (Loss) (C) + (D)	(F) Federal Adjusted Gross Income From Form 1040	(G) Filing Status (S, H, MFJ, MFS)	(H) Tax	(I) Alternative Minimum Tax	(J) Wisconsin Income Tax Withheld	(K) Balance Due (Overpay- ment)
a.										
b.										
c.										
d.										
e.										
f.										
g.										
h.										
i.										
j.										
k.										
<b>TOTALS</b> (enter on appropriate line on Schedule 1) .....										