

Form **3S** Wisconsin Partnership  
Recycling Surcharge

**2009**

For 2009 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			Suite Number
City	State	ZIP (+ 4 digit suffix if known)	B County

**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  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 #: \_\_\_\_\_



**ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS**

**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 4A-1 or Form 4A-2). <b>This is a required field.</b> If apportionment does not apply, enter "100.0000%." If percentage is from Form 4A-2, check (✓) the space after the arrow . . . . .	3	▶ <input type="checkbox"/>	% _____ . _____
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 Estimated recycling surcharge payments and/or payments from Form WT-11 . . . . .	6		.00
7 Withholding from Form W-2G . . . . .	7		.00
8 Add lines 6 and 7 . . . . .	8		.00
9 Underpayment interest due (from Form 3U, line 18). If you annualized income on Form 3U, check (✓) the space after the arrow . . . . .	9	▶ <input type="checkbox"/>	.00
10 <b>Amount due.</b> If the total of lines 5 and 9 is larger than line 8, enter amount owed . . . . .	10		.00
11 <b>Overpayment.</b> If line 8 is larger than the total of lines 5 and 9, enter amount overpaid . . . . .	11		.00
12 Enter amount of line 11 you want credited on 2010 estimated surcharge . . . . .	12		.00
13 Subtract line 12 from line 11. <b>This is your refund</b> . . . . .	13		.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		Date
Preparer's Federal Employer ID Number		

If you are not filing electronically, make your check payable to and mail Form 3S to: Wisconsin Department of Revenue  
PO Box 8908  
Madison, WI 53708-8908