

Due Date: April 15, 2021

Check (✓) if this is an AMENDED return (Include Schedule AR)

Check (✓) if this is a final return

Partnership Year Ending

2020 (MMDDYY)

This form must be filed ELECTRONICALLY

Partnership Name, Federal Employer ID Number, Number and Street, Suite Number, City, State, Zip (+ 4 digit suffix if known), Person to Contact Regarding This Return, Telephone Number, Fax Number, Type of Partnership (check (✓) one): General Partnership, Limited Partnership, Other (Explain), Limited Liability Partnership, Limited Liability Company

Number of partners or members included in this return.

Caution: Only qualifying partners or members may be included in this return. See instructions for details.

Schedule 1 Tax Computation

Table with 9 rows for tax computation: 1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E; 2 Tax from Schedule 2, column H; 3 Wisconsin tax withheld from Schedule 2, column I; 4 Amended Return Only - amount previously paid; 5 Add lines 3 and 4; 6 Amended Return Only - amount previously refunded; 7 Subtract line 6 from 5; 8 If line 7 is less than line 2, subtract line 7 from line 2 and enter amount due; 9 If line 7 is more than line 2, subtract line 2 from line 7. This is the amount to be refunded to partnership.

Include a copy of any application for a federal extension of time to file. Don't attach federal Form 1065 or 1065-B, Wisconsin Form 3, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 3K-1 to this return.

Third Party Designee: Do you want to allow another person to discuss this return with the department? Yes/No, Print Designee's Name, Phone Number, Personal Identification Number (PIN)

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 Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, Date

