

Due Date: April 15, 2013

Check (✓) if this is an
AMENDED return

Partnership
Year Ending

Check (✓) if this is a
final return

M M D D C C Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

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)			
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Limited Liability Company	
		<input type="checkbox"/> Other (Explain) _____	

◀ 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.



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS →(1000)

NO COMMAS; NO CENTS

Schedule 1 Tax Computation

1	Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E	1	_____	.00
2	Tax from Schedule 2, column H	2	_____	.00
3	Alternative minimum tax from Schedule 2, column I	3	_____	.00
4	Add lines 2 and 3. This is the total tax.	4	_____	.00
5	Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column J)	5	_____	.00
6	Amended Return Only – amount previously paid	6	_____	.00
7	Add lines 5 and 6.	7	_____	.00
8	Amended Return Only – amount previously refunded	8	_____	.00
9	Subtract line 8 from 7	9	_____	.00
10	If line 9 is less than line 4, subtract line 9 from line 4 and enter tax due	10	_____	.00
11	If line 9 is more than line 4, subtract line 4 from line 9 and enter overpayment . This is the amount to be refunded to partnership	11	_____	.00

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.*

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

IF NOT FILING ELECTRONICALLY

Make check payable to and mail return to: Wisconsin Department of Revenue
PO 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	(C1) Partner's Share of WI Net Income (Loss)	(D) Guaranteed Payments	(E) Total Wisconsin Income (Loss) [(C1) + (D)]	(F) Federal Adjusted Gross Income From Form 1040	(G) Filing Status (S, H, MFJ, MFS)	(H) Tax From Worksheet or 7.75% of Column (E)	(I) Alternative Minimum Tax	(J) Tax Withheld From Form PW-1	(K) Balance Due (Overpay- ment)
		(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 23)								
a.		C1								
		C2								
b.		C1								
		C2								
c.		C1								
		C2								
d.		C1								
		C2								
e.		C1								
		C2								
f.		C1								
		C2								
g.		C1								
		C2								
h.		C1								
		C2								
i.		C1								
		C2								
j.		C1								
		C2								
k.		C1								
		C2								
TOTALS (enter on appropriate line on Schedule 1)										