

1996

Combined Wisconsin Individual and Fiduciary Income Tax Return for Nonresident Partners

Form 1CNP

Due Date: April 15, 1997

Partnership Name, Federal Employer ID Number, Wisconsin Employer ID (Withholding) Number, Number and Street, Partnership Year Ending (Month and Year), City, State, Zip Code, Person to Contact Regarding This Return, Telephone Number, Fax Number

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 combined individual and fiduciary income tax return.

Schedule 1 Tax Computation

Table with 10 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 G; 3 Alternative minimum tax from Schedule 2, column H; 4 Temporary recycling surcharge from Schedule 2, column I; 5 Add lines 2, 3, and 4. This is the total tax and temporary recycling surcharge; 6 Estimated tax payments from Schedule 2, column K; 7 If line 6 is less than line 5, subtract line 6 from line 5 and enter tax due; 8 If line 6 is more than line 5, subtract line 5 from line 6 and enter overpayment; 9 Amount of line 8 to be applied to 1997 estimated tax; 10 Amount of line 8 to be refunded to partnership

SIGNATURES section containing a declaration: '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 and correct 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 combined return on the partner's behalf.' Below the declaration are fields for Signature of General Partner, Date, Individual or Firm Signature of Preparer, Preparer's Address, and Date.

MAILING section containing instructions: 'Attach a copy of any application for an extension of time to file the return. Don't attach a copy of federal Form 1065, Wisconsin Form 3, the federal Schedules K-1, or the Wisconsin Schedules 3K-1. Make check payable to and mail return to: Wisconsin Department of Revenue, P.O. Box 8912, Madison, WI 53708-8912'

