| Please print or type. |  |  | A Federal Employer ID Number |  |
| :---: | :---: | :---: | :---: | :---: |
| Name |  |  |  |  |
|  |  |  | B County |  |
| Number and Street |  |  | C Check box $\square$ if this an amended return. |  |
|  |  |  | D Check box $\square$ if the partnership | inated. |
| City | State | Zip Code | $\begin{gathered} \text { E Check } \\ \text { box } \end{gathered} \square \text { if this is an LLC. }$ | H |



## Computation of Surcharge



|  | 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 |  |  |
| SIGNATURES |  | Preparer's Address |  |  |


| MAILING | Please make your check payable to and mail Form 3S to: | Wisconsin Department of Revenue <br> PO Box 8965 <br> Madison WI 53708-8965 |
| :--- | :--- | :--- |
| $\mathrm{PP-035}$ |  |  |

