Form 3S

Wisconsin Partnership Recycling Surcharge

2001

Namo	Please print or type.			A Federal Employer ID Number	
Name				B County	
Number and Street				C Check if this an amended return.	
				D Check if the partnership has terminated.	
City		State	Zip Code	E Check if this is an LLC.	
 F Enter taxable year beginning date					
Computation of Surcharge					
2 Enter the net business income (do not include net farm profit or loss in this figure; see instructions for line 2)					
Amount Due or Refund					
7 Interest due8 Amount Due9 Overpaymer10 Enter amount	ted recycling surcharge payr (from Form 3U, line 18) If the total of lines 5 and 7 It. If line 6 is larger than the of line 9 you want credited on 10 from line 9. This is your	is larger the total of line n 2002 estin	an line 6, enter amount s 5 and 7, enter amount nated surcharge 10	owed	
11 Subtract line 10 from line 9. This is your refund					
SIGNATURES	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	er Preparer's Address			ate
MAILING	Please make your check payable to and mail Form 3S to: Wisconsin Department of Revenue PO Box 8965 Madison WI 53708-8965				