Form 3S

Wisconsin Partnership Recycling Surcharge

2002

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 par	rtnership has terminated.
City		State	Zip Code	E Check if this is an LLC.	
same period G If you receive	e year beginning date as your Wisconsin partnershiped an extension of time to file yets antact concerning this return: N	p return and your partner	is due at the same times ship return, enter the ex	e as that return.) xtended due date	, 20
Computation of	f Surcharge				
2 Enter the net 3 Percent to W 4 Multiply amo 5 Enter the gre your recyclin Amount Due or 6 Enter estima 7 Interest due 8 Amount Due 9 Overpaymen 10 Enter amount	rtnership gross receipts from t business income (do not inclisconsin (from Form 4B, line unt on line 2 by percentage eater of \$25 or 0.2% (0.002) ag surcharge	clude net fa e 28 or 33) on line 3. T of the amou ments (see is larger th total of line n 2003 estir	irm profit or loss; see i	nstructions)	6 7
SIGNATURES	Under penalties of law, I decided Signature of General Partner Signature of Preparer	elare that this	return is true, correct, an	nd complete to the best of m	y knowledge and belief. Date
MAILING	Please make your check paya	ble to and m	ail it with the completed F	Form 3S to: Wisconsin De P.O. Box 8965 Madison, WI 5	