

35

Wisconsin Partnership Recycling Surcharge

2004

Please print or type.				A Fede	A Federal Employer ID Number		
Name							
				B Cour	nty		
Number and Street					C Check if this an amended return.		
				box	if the pertne	rship has terminated.	
City		State	ZIP Code		E Check if this is an LLC.		
same period of G If you receive	e year beginning date as your Wisconsin partnership and an extension of time to file y ntact concerning this return:	o return and your partner	is due at the same ship return, enter the	time as that ree extended du	eturn.) ue date	, 20	
Computation of	 f Surcharge						
 3 Percent to W 4 Multiply amo 5 Enter the greyour recyclin Amount Due or 6 Enter estima 	ted recycling surcharge payr	e 28 or 33) on line 3. To of the amou	his is Wisconsin ne unt on line 4, but no	et business in ot more than S	3 come		
8 Amount Due9 Overpaymer0 Enter amount	(from Form 3U, line 18) e. If the total of lines 5 and 7 nt. If line 6 is larger than the t of line 9 you want credited of 10 from line 9. This is your	is larger that total of line n 2005 estin	an line 6, enter am s 5 and 7, enter ar nated surcharge	ount owed nount overpai . 10	d		
	,						
SIGNATURES	Under penalties of law, I decisionature of General Partner	lare that this	return is true, correc	t, and complete	e to the best of my kr	nowledge and belief.	
	Signature of Preparer		Preparer's Addre	SS		Date	
MAILING	Please make your check payal	ble to and ma	ail it with the complet	ed Form 3S to	: Wisconsin Depart P.O. Box 8908 Madison, WI 5370		