## Composite Wisconsin Individual Income <br> Tax Return for Nonresident Partners

Due Date: April 16, 2007

| Partnership Name | Federal Employer ID Number |  |
| :--- | :--- | :--- |
|  | Partnership Year Ending (Month and Year) |  |
| Number and Street | Check here $\square$ if this is an amended return |  |
| City | State | ZIP Code |

## 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 composite individual income tax return.

## Schedule 1 Tax Computation

1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
2 Tax from Schedule 2, column H . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
3 Alternative minimum tax from Schedule 2, column I. . . . . . . . . . . . . . . . . . . . . . . . . . . . 3
4 Add lines 2 and 3 . This is the total tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4
5 Wisconsin income tax withheld from Schedule 2, column J . . . . . . . . . . . . . . . . . . . . . 5
6 If line 5 is less than line 4 , subtract line 5 from line 4 and enter tax due . ............ 6
7 If line 5 is more than line 4 , subtract line 4 from line 5 and enter overpayment ..... 7
$\qquad$
8 Amount of line 7 to be applied to 2007 withholding tax $>8$.
9 Amount of line 7 to be refunded to partnership . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9 $\qquad$

| SIGNATURES | 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, correct, and complete 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 eachqualifying and participating nonresident partner to file this composite return on the partner's behalf. qualifying and participating nonresident partner to file this composite return on the partner's behalf. |  |  |
| :---: | :---: | :---: | :---: |
|  | Signature of General Partner |  | Date |
|  | Individual or Firm Signature of Preparer | Preparer's Federal Employer ID Number | Date |


| MAILING | Attach a copy of any application for an extension of time to file the return. <br> Don't attach a copy of federal Form 1065 or 1065-B, Wisconsin Form 3, Wisconsin Form PW-1, the <br> federal Schedules K-1, or the Wisconsin Schedules 3K-1. |
| :--- | :--- |
|  |  |

Schedule 2 Nonresident Partners Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)

| (A) <br> Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly) | (B) <br> Social <br> Security Number | (C) <br> Partner's Share of Wisconsin Partnership Income (Loss) | (D) <br> Guaranteed Payments | (E) <br> Total Wisconsin Income (Loss) (C) + (D) | (F) <br> Federal Adjusted Gross Income From Form 1040 | (G) <br> Filing <br> Status <br> (S, H, <br> MFJ, <br> MFS) | (H) Tax | (I) <br> Alternative Minimum Tax | (J) <br> Wisconsin Income Tax Withheld | (K) <br> Balance Due (Overpayment) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| a. |  |  |  |  |  |  |  |  |  |  |
| b. |  |  |  |  |  |  |  |  |  |  |
| C. |  |  |  |  |  |  |  |  |  |  |
| d. |  |  |  |  |  |  |  |  |  |  |
| e. |  |  |  |  |  |  |  |  |  |  |
| f. |  |  |  |  |  |  |  |  |  |  |
| $g$. |  |  |  |  |  |  |  |  |  |  |
| h. |  |  |  |  |  |  |  |  |  |  |
| i. |  |  |  |  |  |  |  |  |  |  |
| j. |  |  |  |  |  |  |  |  |  |  |
| k. |  |  |  |  |  |  |  |  |  |  |
| TALS (enter on appropria | on Sc | 1) |  |  |  |  |  |  |  |  |

