



2006

Composite Wisconsin Individual Income Tax Return for Nonresident Partners

Form

1CNP

Due Date: April 16, 2007

Form with fields: Partnership Name, Federal Employer ID Number, Partnership Year Ending, Number and Street, City, State, ZIP Code, Person to Contact, Telephone Number, Fax Number.

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.

Schedule 1 Tax Computation

Table with 9 rows for tax computation, including lines for partnership income, taxes, and withholding.

SIGNATURES section with fields for Signature of General Partner, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, and Date.

MAILING section with instructions to attach a copy of any application for an extension of time to file the return and mailing address: Wisconsin Department of Revenue, P.O. Box 8991, Madison, WI 53708-8991.

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

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