for Nonresident Partners

Due Date: April 18, $2016 \quad$ Check $(\checkmark)$ if this is an $\quad$ Check $(\checkmark)$ if this is a Partnership
Complete form using BLACK INK.

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

| (A) | (B) | (C1) Partner's Share of WI Net Income (Loss) | (D) | (E) <br> Total Wisconsin | (F) <br> Federal Adjusted | (G) <br> Filing <br> Status | (H) <br> Tax From | (I) | (J) <br> Tax | $(\mathrm{K})$ <br> Balance |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly) | Social Security Number | (C2) Partner's Share of WI Gross Income (from Sch. $3 K-1$, line 23) | Guaranteed Payments | $\begin{gathered} \text { Income } \\ (\text { Loss }) \\ {[(\mathrm{C} 1)+(\mathrm{D})]} \end{gathered}$ | Gross <br> Income From Form 1040 | $\begin{aligned} & \text { (S, H, } \\ & \text { MFJ, } \\ & \text { MFS) } \end{aligned}$ | Worksheet or $7.65 \%$ of Column (E) | Alternative Minimum Tax | Withheld From Form PW-1 | Due (Overpayment) |
| a. | C1 |  |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| b. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| C. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| d. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| e. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| f. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| g . |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| h. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| i. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| j. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| k. |  | C1 |  |  |  |  |  |  |  |  |
|  |  | C2 |  |  |  |  |  |  |  |  |
| TOTALS (enter on appropriate line on Schedule 1) |  |  |  |  |  |  |  |  |  |  |

