

Form **3** Wisconsin Partnership Return

2007

For 2007 or taxable year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y

Complete form using BLACK INK.

Due Date: 15th day of 4th month following close of taxable year.

DO NOT STAPLE OR BIND

Name, Number and Street, City, State, ZIP, Federal Employer ID Number, Business Activity (NAICS) Code, State of Formation and Year, Check type of entity that is filing this return: 1 General partnership, 2 Limited liability partnership, 3 Limited partnership, 4 Limited liability company, 5 Other (explain below)

Check if applicable and see instructions:

- E If this is an amended return, include an explanation of the changes.
F If you have an extension of time to file, enter the extended due date
G If the partnership has terminated.
H If you are filing a Form 1CNP on behalf of nonresident partners.
I If you want forms sent to you for 2008.
J If you have at least \$4 million of gross receipts and file Form 3S.
K Number of partners Number of nonresident partners
L Person to contact concerning this return: Phone #: Fax #:



Schedule 3K - Partners' Distributive Share Items

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Table with 4 columns: (a) Distributive share items, (b) Federal amount, (c) Adjustment, (d) Amount under Wis. law. Rows include Income (Loss) items 1-11 and Other Deductions items 12-14, plus item 14 Net earnings (loss) from self employment.

(a) Distributive share items

(b) Federal amount

(c) Adjustment

(d) Amount under Wis. law

Credits

- 15 a** Dairy and livestock farm investment credit
- b** Development zones credit
- c** Development opportunity zone investment credit
- d** Development zone capital investment credit
- e** Technology zone credit
- f** Early stage seed investment credit
- g** Angel investment credit
- h** Supplement to federal historic rehabilitation tax credit
- i** Internet equipment credit
- j** Enterprise zone jobs credit
- k** Dairy manufacturing facility investment credit
- l** Tax paid to other states (enter postal abbreviation of state) **(1)** _____
(2) _____
(3) _____
- m** Wisconsin tax withheld

Foreign Transactions

- 16 a** Name of country or U.S. possession
- b** Gross income from all sources
- c** Gross income sourced at partner level
- Foreign gross income sourced at partnership level:*
- d** Passive category
- e** General category
- f** Other (attach statement)
- Deductions allocated and apportioned at partner level:*
- g** Interest expense
- h** Other
- Deductions allocated and apportioned at partnership level to foreign source income:*
- i** Passive category
- j** General category
- k** Other (attach statement)
- l** Total foreign taxes (check one): Paid Accrued ...
- m** Reduction in taxes available for credit (attach statement) ..
- n** Other foreign tax information (attach statement)

Alternative Minimum Tax (AMT) Items

- 17 a** Post-1986 depreciation adjustment
- b** Adjusted gain or loss
- c** Depletion (other than oil and gas)
- d** Oil, gas, and geothermal properties – gross income
- e** Oil, gas, and geothermal properties – deductions
- f** Other AMT items (attach schedule)



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
Other	18 a Tax-exempt interest income	_____	_____	_____
	b Other tax-exempt income	_____	_____	_____
	c Nondeductible expenses	_____	_____	_____
	19 a Distributions of cash and marketable securities	_____	_____	_____
	b Distributions of other property	_____	_____	_____
	20 a Investment income	_____	_____	_____
	b Investment expenses	_____	_____	_____
	c Other items and amounts (<i>attach schedule</i>)	_____	_____	_____
	21 Income (loss) (<i>see instructions</i>)	_____	_____	_____
	22 Gross income (before deducting expenses) from all activities	_____	_____	_____

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of General Partner	Date	Signature of Preparer	Date
			

If you are not filing electronically, paper clip (don't staple or bind) a copy of your federal Form 1065, any accompanying schedules, and Schedules 3K-1.

File electronically through the Federal/State E-Filing Program, or mail to: Wisconsin Department of Revenue
PO Box 8965
Madison, WI 53708-8965

