Form **3** Wisconsin Partnership Recycling Surcharge



Name Number and Street City State ZiP (+ 4 digit suffix if known) B County C Check ✓ type of entity that is filling this return: 1. General partnership 2. Limited liability partnership 3. Limited partnership 5. Other (explain) Check ✓ if applicable and see instructions: D. If this is an amended return, include an explanation of the changes. E. If you have an extension of time to file, enter the extended due date M. M. D. D. Y. Y. Y. Y. ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO Computation of Surcharge 1. Enter the partnership gross receipts from trade or business activities (see instructions) 2. Enter the net businesss income (do not include net farm profit or loss; see instructions) 3. Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point) 4. Multiply line 2 by line 3. This is Wisconsin net business income 4. Multiply line 2 by line 3. This is Wisconsin net business income 4. Multiply line 2 by line 3. This is Wisconsin net business income 5. Enter the greater of \$25 or 0.2% (0.002) of the amount on line 4, but not more than \$9,800. This is your recycling surcharge payments and withholding from Form W-2G 6. Finer estimated recycling surcharge payments and withholding from Form W-2G 8. Amount Due or Refund 6. Enter estimated recycling surcharge payments and withholding from Form W-2G 9. Overpayment. If line 6 is larger than the total of lines 5 and 7, enter amount overpaid. 9. Overpayment if line 9 you want credited on 2008 estimated surcharge. 10. Line from June 10 from line 9. This is your refund. 11. Under penalties of law, I declare that this return is true, correct, and complete to the best of my knowledge and belief.	ose of taxable year.	ay of 4th month following clo	omplete form using BLACK INK. The standard reason of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year beginning with a point of taxable year beginning with a point of taxable year beginning with a point of taxable year. The point of taxable year begin				
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If you are not filing electronically, make your check payable to and mail Form 3S to: Wisconsin Department of Revenue

Wisconsin Department of Revenue P.O. Box 8908 Madison, WI 53708-8908