Form 35 Wisconsin Partnership Recycling Surcharge



Con	nplete form using BLACK INK.		Due Date: 15th d	lay of 4th mon	th following close of taxable year
Nam		A Federal Employer ID Number			
Num	umber and Street B Cou				
City		State	ZIP (+ 4 digit suffix if known)		
	Check ✓ type of entity that is filing this return:			Sil. (1:)	
	General partnership	3 Limited partn	·	otner (explain)	
2	Limited liability partnership	4 Limited liabili	ty company		
	ck ✓ if applicable and see instructions:				
D _	If this is an amended return, include an explanation	on of the changes.			
E _	If you have an extension of time to file, enter the	extended due date M	$\overline{M} \ \overline{D} \ \overline{D} \ \overline{Y} \ \overline{Y} \ \overline{Y} \ \overline{Y} \ \overline{Y} \ .$		
F _	, If the partnership has terminated.				
	erson to contact concerning this return:				
Г	hone #:	_ FdX #			
	ENTER NEGATIVE NUMBERS LIK	(F THIS → _1000	NOT LIKE THIS → (1000) N	IO COMMAS; NO CENTS
Cor	mputation of Surcharge		<u> </u>	, <u></u>	<u></u> ••
1		n trade or husiness	activities (see instructions) 1	•00
_					0
2					
3	Wisconsin apportionment percentage (fruit places to the right of the decimal point) .		_		%
4	Multiply line 2 by line 3. This is Wiscons	in net business inc	ome	4	0
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				
— Am	ount Due or Refund				
			" (F W.00		0.0
	Enter estimated recycling surcharge pay		-		.00
	Underpayment interest due (from Form 3	•			
8	Amount due. If the total of lines 5 and 7	is larger than line	6, enter amount owed	8	0
9	Overpayment. If line 6 is larger than the	total of lines 5 and	d 7, enter amount overpaid	9	.00
10	Enter amount of line 9 you want credited of 2008 estimated surcharge]	. 00	
11	Subtract line 10 from line 9. This is you	r refund		11	_0
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	ler penalties of law, I declare that this retunature of General Partner	urri is true, correct,	and complete to the best of	iny knowied	ge and belief. Date
i——	nature of Preparer	Preparer'	s Federal Employer ID Number		Date

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