Form

1CNP

## Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2008

Due	e Date: April 1	5. 2009		Check if this is an		nership	
	-			AMENDED return	Year	Ending	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
_	mplete form usi						
Part	tnership Name		Federal Employer ID Number				
Num	nber and Street	Person to Contact Regarding This Return					
City	,		State	Zip (+ 4 digit suffix if known)	Telephone Number		Fax Number
Туре	e of Partnership (check	one) General Partnership		Limited Partn	ershin	Othe	r
		Limited Liability Partn	ership	Limited Liabil		(Expl	
		lifying partners or membe tructions for details.	ers ma	y be included in			
		GATIVE NUMBERS LIKE TI	HIS → -	-1000 <u>NOT</u> LIKE THI	S →(1000)	<u>NO</u>	COMMAS; NO CENTS
S	chedule 1 Ta	x Computation					
<u>1</u>	·	nership income (loss) of				4	00
2		Schedule 2, column E Jule 2, column H					
<u>2</u> 3		imum tax from Schedule					
<u>4</u>		I 3. This is the total tax					
<u>÷</u> 5a		withheld from Form PW-1					
5b		vithholding carried over f					
<u>5c</u>		nd 5b. This is the total W					
<u>6</u>		than line 4, subtract line					.00.
<u>7</u>	If line 5c is mor	e than line 4, subtract lin	e 4 fro	m line 5c and enter o	verpayment.		
	This is the amo	unt to be <b>refunded</b> to pa	ırtnersl	nip		7	.00
		y application for an extensi m PW-1, the federal Schedu					1065 or 1065-B, Wisconsin
		the best of my knowledge ar	nd belief o declar	, a true, correct, and comp e that this partnership has	lete report of income a power of attorney or	under th other w	ents, and declare that it is, to ne provisions of Chapter 71 of vritten authorization from each ehalf.
	SIGNATURES	Signature of Authorized Officer		Title	<u>·</u>		Date
		Individual or Firm Signature of Pre	enarer	Prenarer's Fa	ederal Employer ID Numb	er	Date
		Individual of Fifth Orginature of Fre	-pai Gi	i Tepatel ST	aciai Employer ID Nullib		Bate

Wisconsin Department of Revenue

Madison WI 53708-8991

PO Box 8991

Make check payable to and mail return to:

IF NOT FILING

**ELECTRONICALLY** 

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Schedule 2 Nonresiden		Qualifying an							necessary.)	
(A)  Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	Social Security Number	(C1) Partner's Share of WI Net Income (Loss) (C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 22)	( <b>D</b> ) Guaranteed Payments	(E) Total Wisconsin Income (Loss) [(C1) + (D)]	(F) Federal Adjusted Gross Income From Form 1040	( <b>G</b> ) Filing Status (S, H, MFJ, MFS)	( <b>H</b> ) Tax	(I) Alternative Minimum Tax	(J1) Tax With- held From Form PW-1 (J2) Withholding Carryover From 2007	Balance Due (Overpayment)
a.		C1							J1	· ·
		C2							J2	
b.		C1							J1	
		C2							J2	
C.		C1							J1	
		C2							J2	
d.		C1							J1	
		C2							J2	
e.		C1							J1	
		C2							J2	
f.		C1							J1	
		C2							J2	
g.		C1							J1	
		C2							J2	
h.		C1							J1	
		C2							J2	
i.		C1							J1	
		C2							J2	
j.		C1							J1	
		C2							J2	
k.		C1							J1	
		C2							J2	
TOTALS (enter on appropriate	line on Sch	adula 1)							J1	
TOTALS (enter on appropriate	= IIIIE UII SCN	=uule 1)							J2	