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	
C		n a DI ACK INK		AMENDED return	Year	Ending _	$\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$
	npiete form usi	ng BLACK INK.				Federal Er	mployer ID Number
Num	ber and Street					Person to	Contact Regarding This Return
City			State	Zip (+ 4 digit suffix if known)	Telephone Number	F	ax Number
Tuna	of Dorto orobin (obcole	000)					
Туре	of Partnership (check	General Partners	•	Limited Partn	•	Other	;a)
		Limited Liability	Partnership	Limited Liabil	ity Company	(Expla	<u> </u>
		lifying partners or me tructions for details.	mbers ma	y be included in			
	ENTER NE	GATIVE NUMBERS LIK	E THIS → -	-1000 NOT LIKE THI	S →(1000)	NO	COMMAS; NO CENTS
So	hedule 1 Ta	x Computation					
1	Wisconsin part	nership income (loss)	of qualify	ing and participating r	nonresident		
÷	•	Schedule 2, column E				1	.00
<u>2</u>	Tax from Scheo	lule 2, column H				2	.00
<u>3</u>	Alternative min	imum tax from Sched	ule 2, colu	ımn I		3	.00
<u>4</u>	Add lines 2 and	I 3. This is the total ta	x			4	.00
<u>5a</u>	Wisconsin tax v	withheld from Form P	W-1 (from	Schedule 2, column	J1)	<b>5</b> a _	.00
<u>5b</u>	Wisconsin tax v	withholding carried ov	er from 20	007 Form 1CNP (from	Schedule 2, column .	J2). <b>5</b> b	.00
<u>5c</u>	Add lines 5a ar	nd 5b. This is the tota	l Wiscons	in tax withheld		<b>5</b> c	.00.
<u>6</u>	If line 5c is less	than line 4, subtract	line 5c fro	m line 4 and enter tax	k due	6	.00
	If line 5c is mor	e than line 4 subtrac	t line 4 fro				
<u>7</u>		e man inte +, subtrac	t III IC + 11 O	m line 5c and enter <b>o</b>	verpayment.		
<u>7</u>		unt to be <b>refunded</b> to				7 _	.00.
<u>Z</u>						7 _	.00
	This is the amo	y application for an extend PW-1, the federal Sch	ension of t edules K-1,	ime to file the return.  or the Wisconsin Sched	Don't attach federaules 3K-1 to this ret	I Form 1 urn.	065 or 1065-B, Wisconsin
Inclu Form	This is the amo	y application for an extra PW-1, the federal Sch	ension of t edules K-1, ned this returned and belief I also declaring nonreside	ime to file the return.  or the Wisconsin Sched  um, including any accompa, a true, correct, and compe that this partnership has ent partner to file this comp	Don't attach federa ules 3K-1 to this ret anying schedules and lete report of income a power of attorney o	I Form 1 urn.  I statement under the rother wr	onts, and declare that it is, to provisions of Chapter 71 o litten authorization from each half.
Inclu Form	This is the amo	y application for an extern PW-1, the federal Sch	ension of t edules K-1, ned this returned and belief I also declaring nonreside	ime to file the return.  or the Wisconsin Sched  irn, including any accompa, a true, correct, and compe that this partnership has	Don't attach federa ules 3K-1 to this ret anying schedules and lete report of income a power of attorney o	I Form 1 urn.  I statement under the rother wr	.00 065 or 1065-B, Wisconsing the provisions of Chapter 71 of itten authorization from each half.

Wisconsin Department of Revenue

Madison WI 53708-8991

PO Box 8991

Make check payable to and mail return to:

**IF NOT FILING** 

**ELECTRONICALLY** 

Form 1CNP

(A)	(B)	(C1) Partner's Share of WI Net Income (Loss) (C2) Partner's	(D)	(E) Total Wisconsin	( <b>F</b> ) Federal Adjusted	( <b>G</b> ) Filing Status	(H)	(1)	(J1) Tax With- held From Form PW-1	( <b>K</b> ) Balance
Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	Social Security Number	Share of WI Gross Income (from Sch. 3K-1, line 22)		Income (Loss) [(C1) + (D)]	Gross Income From Form 1040	(S, H, MFJ, MFS)	Tax	Alternative Minimum Tax	(J2) Withholding Carryover From 2007	Due (Overpay- ment)
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	
TOTAL C. (ontox an annual state	line are Orl	adula 4\							J1	
<b>FOTALS</b> (enter on appropriate	e line on Sch	ieaule 1)							J2	

Page 2