Form **3 S** *Wisconsin Partnership Recycling Surcharge*

For	2008 or taxable year beginning $\overline{M M} \overline{D D} \overline{D Y} \overline{Y} \overline{Y} \overline{Y}$ and ending $\overline{M M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}$		
		of 4th m	onth following close of taxable year.
Nar	ne A	Federal E	mployer ID Number
Nur	nber and Street B	County	
City	State ZIP (+ 4 digit suffix if known)		
с	Check ✓ type of entity that is filing this return:		
		er (explain)
2	Limited liability partnership 4 Limited liability company		
Che	eck \checkmark 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 Y		
F	If the partnership has terminated.		
	Person to contact concerning this return:		
F	Phone #: Fax #:		
	ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 <u>NOT</u> LIKE THIS \rightarrow (1000)		<u>NO</u> COMMAS; <u>NO</u> CENTS
Co	mputation of Surcharge		
<u>1</u>	Enter the partnership gross receipts from trade or business activities (see instructions) .	1	.00
<u>2</u>	Enter the net business income (do not include net farm profit or loss; see instructions)	2	.00
<u>3</u>	Wisconsin apportionment percentage (from Form 4B, line 11, or Form 4B-1). This is a required field. If apportionment does not apply, enter "100.0000%." <i>Fill all spaces to the right of decimal point.</i> If percentage is from Form 4B-1, check the space after the arrow.		%
4	Multiply line 2 by line 3. This is Wisconsin net business income		·
<u>-</u> 5	Enter the greater of \$25 or 0.2% (0.002) of the amount on line 4, but not more than \$9,8		
2	This is your recycling surcharge		.00
An	nount Due or Refund		
<u>6</u>	Estimated recycling surcharge payments	6	00
<u>7</u>	Withholding from Form W-2G or Form WT-11	7	00
<u>8</u>	Add lines 6 and 7	8	00
<u>9</u>	Underpayment interest due (from Form 3U, line 18). If you annualized income on Form check the space after the arrow		.00
<u>10</u>	Amount due. If the total of lines 5 and 9 is larger than line 8, enter amount owed		
<u></u>	Overpayment . If line 8 is larger than the total of lines 5 and 9, enter amount overpaid		
12	Enter amount of line 11 you want credited on		
	•	00	
<u>13</u>	Subtract line 12 from line 11. This is your refund	13	00
Un	der penalties of law I declare that this return is true, correct, and complete to the best of my kn	owledge	and helief

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

 Signature of General Partner
 Date

Signature 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					