Wisconsin Partnership Recycling Surcharge Form 🥊

	2008 or taxable year beginning $\underline{M} \underline{M} \underline{D} \underline{D} \underline{Y} \underline{Y} \underline{Y} \underline{Y}$ and ending $\underline{M} \underline{M} \underline{D} \underline{D} \underline{Y} \underline{Y}$	YYY	
Cor Nan		15th day of 4th month A Federal Employ	following close of taxable year.
, tan			
Number and Street B Co		B County	
City	/ State ZIP (+ 4 digit suffix if kno	own)	
С	Check ✓ type of entity that is filing this return:		
1	General partnership 3 Limited partnership 5	Other (explain)	
2	Limited liability partnership 4 Limited liability company		
Che	eck ✓ 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 dateM D Y _Y _Y _Y _Y	- ·	
F	If the partnership has terminated.		
	Person to contact concerning this return:	-	
	Phone #: Fax #:		
	ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 NOT LIKE THIS \rightarrow (1000) <u>NC</u>	<u>O</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) \ldots .		.00
<u>2</u>	Enter the net business income (do not include net farm profit or loss; see instructions)		.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.		%
<u>4</u>	Multiply line 2 by line 3. This is Wisconsin net business income	•	
<u>5</u>	Enter the greater of \$25 or 0.2% (0.002) of the amount on line 4, but not more th 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		. 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 o 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	1 10	.00
<u>11</u>	Overpayment. If line 8 is larger than the total of lines 5 and 9, enter amount ove		.00
<u>12</u>			
	2009 estimated surcharge 12	.00	
<u>13</u>	Subtract line 12 from line 11. This is your refund	13	.00

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 P.O. Box 8908 Madison, WI 53708-8908