Form

1CNP

Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2009

Due Date: April 15, 2010	
Complete form using BLACK INK.	F

Check (✓) if this is an AMENDED return

Partnership

Year Ending ______ D___ P___ Y___Y

BIND	Partnership Name			Federal Em	bloyer ID Number
OT STAPLE OR	Number and Street	<u> </u>	Suite Number		
	City	State	Zip (+ 4 digi	t suffix if known)	
	Person to Contact Regarding This Return	Telephone Nurr	ber	Fax Number	
	Type of Partnership (check (✓) one) General Partnership Limited Liability Partnership	Limited Partnership	Othe (Exp		

← Number of partners or members included in this return.

Caution:	Only qualifying partners or members may be included in
this return	. See instructions for details.



	ENTER NEGATIVE NUMBERS LIKE THIS \rightarrow -1000 <u>NOT</u> LIKE THIS \rightarrow (1000)	<u>NO</u> COMM	AS; <u>NO</u> CENTS
S	chedule 1 Tax Computation		
<u>1</u>	Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E	1	.00
<u>2</u>	Tax from Schedule 2, column H	2	.00
<u>3</u>	Alternative minimum tax from Schedule 2, column I	3	.00
<u>4</u>	Add lines 2 and 3. This is the total tax	4	.00
<u>5</u>	Wisconsin tax withheld (from Schedule 2, column J)	5	.00
<u>6</u>	If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6	.00
<u>7</u>	If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment.		
	This is the amount to be refunded to partnership	7	.00

Include a copy of any application for an extension of time to file. Don't attach federal Form 1065 or 1065-B, Wisconsin Form 3, Wisconsin Form PW-1, the federal Schedules K-1, or the Wisconsin Schedules 3K-1 to this return.

	I have personally examined this return, including any accompanying schedules and statements, and declare that it is, to the best of my knowledge and belief, a true, correct, and complete report of income under the provisions of Chapter 71 of the Wisconsin Statutes. I also declare that this partnership has a power of attorney or other written authorization from each qualifying and participating nonresident partner to file this composite return on the partner's behalf.						
SIGNATURES	Signature of Authorized Officer	Title	Date				
	Individual or Firm Signature of Preparer	Preparer's Federal Employer ID Number	Date				
IF NOT FILING ELECTRONICALLY	Make check payable to and mail return to:	Wisconsin Department of Revenue PO Box 8991 Madison WI 53708-8991					

(A) Name and Address of Nonresident Partner (and	(B) Social Security	(C1) Partner's Share of WI Net Income (Loss) (C2) Partner's Share of WI Gross Income (from Sch.	(D) Guaranteed	(E) Total Wisconsin Income (Loss)	(F) Federal Adjusted Gross Income From	(G) Filing Status (S, H, MFJ,	(H) 	(I) Alternative Minimum	(J) Tax Withheld from	(K) Balance Due (Overpay
Spouse if Married Filing Jointly)	Number	3K-1, line 22)	Payments	[(C1) + (D)]	Form 1040	MFS)	Tax	Тах	Form PW-1	ment)
a.		C1 C2								
b.		C1 C2								
с.		C1 C2								
d.		C1								
		C2								
e.		C1								
		C2								
f.		C1 C2								
g.		C1 C2								
		C1								
h.		C1 C2								
i.		C1								
		C2								
:		C1								
j.		C2								
k.		C1								
		C2								
										1