Form

**1CNP** 

## Composite Wisconsin Individual Income Tax Return for Nonresident Partners

## 2010

	Due Date: April 18, 2011	Check (✓) if this is an AMENDED return		Partnership Year Ending	<u> </u>	
	Complete form using BLACK INK.					
BIND	Partnership Name				Federal Emp	bloyer ID Number
PLE OR	Number and Street				*	Suite Number
NOT STAPLE	City			State	Zip (+ 4 digi	t suffix if known)
DO NO	Person to Contact Regarding This Return		Telephone Num	ber	Fax Number	
	Type of Partnership (check (✓) one) General Partnership	Limited Partn بے۔ Limited Partn		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 →(1000)	NO COMMAS; NO CENTS
S	hedule 1 Tax Computation		
<u>1</u>	Wisconsin partnership income (loss) of qualifying and p	participating nonresident	
	partners from Schedule 2, column E		<b>1</b> .00
<u>2</u>	Tax from Schedule 2, column H		2 .00
<u>3</u>	Alternative minimum tax from Schedule 2, column I		3
<u>4</u>	Add lines 2 and 3. This is the total tax		400
<u>5</u>	Wisconsin tax withheld as reported on Form PW-1 (from	m Schedule 2, column J)	<b>5</b> .00
<u>6</u>	If line 5 is less than line 4, subtract line 5 from line 4 an	nd enter <b>tax due</b>	6 .00
<u>7</u>	If line 5 is more than line 4, subtract line 4 from line 5 a	ind enter overpayment.	
	This is the amount to be <b>refunded</b> to partnership		700

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					

( <b>A</b> )	( <b>B</b> )	(C1) Partner's Share of WI Net Income (Loss)	(D)	(E) Total	( <b>F</b> ) Federal	( <b>G</b> ) Filing	(H)	(I)	(J)	( <b>K</b> )
Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	Social Security Number	(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 22)	Guaranteed Payments	Wisconsin Income (Loss) [(C1) + (D)]	Adjusted Gross Income From Form 1040	Status (S, H, MFJ, MFS)	Tax From Worksheet or 7.75% of Column (E)	Alternative Minimum Tax	Tax Withheld From Form PW-1	Balance Due (Overpay ment)
a.		C1 C2								
0.		C1 C2								
C.		C1 C2								
d.		C1 C2								
9.		C1 C2								
f.		C1								
g.		C2 C1								
n.		C2 C1								
		C2 C1								
		C2 C1								
		C2								
κ.		C1 C2								