Form

DO NOT STAPLE OR BIND

1CNP

Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2011

Due	e Date: April 17, 2012	Check (✓) if this is an AMENDED return	Partnership Year Ending		
Со	nplete form using BLACK INK.		101		
Part	nership Name	e Federal Employer ID Number			
Num	Number and Street Suite Number City State Zip (+ 4 digit suffix if known) Person to Contact Regarding This Return Telephone Number Fax Number Type of Partnership (check (✓) one) General Partnership Limited Partnership Other	te Number			
City			State	Zip	(+ 4 digit suffix if known)
Pers	ion to Contact Regarding This Return		Telephone Number	Fax	Number
Туре	of Partnership (check (✓) one) General Partnership	Limited Partn	ership	Other	
	Limited Liability Partnersh	nip Limited Liabil	ity Company	(Explain)	
this	return. See instructions for details.	may be included in			
	ENTER NEGATIVE NUMBERS LIKE THIS	→ -1000 NOT LIKE THIS	6 →(1000)	<u>NO</u> CC	MMAS; <u>NO</u> CENTS
Sc	hedule 1 Tax Computation				
1	Wisconsin partnership income (loss) of qualifyin 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, colum	nn I			.00
<u>4</u>	Add lines 2 and 3. This is the total tax			4	.00
<u>5</u>	Wisconsin tax withheld as reported on Form PW	/-1 (from Schedule 2, colum	n J)		.00
<u>6</u>	Amended Return Only – amount previously paid			6	.00
<u>7</u>	Add lines 5 and 6.				.00
8	Amended Return Only – amount previously refu	nded		8	.00
9	Subtract line 8 from 7			-	.00
<u>10</u>	If line 9 is less than line 4, subtract line 9 from lin	ne 4 and enter tax due		10	.00
<u>11</u>	If line 9 is more than line 4, subtract line 4 from This is the amount to be refunded to partnershi			11	.00
	ude a copy of any application for an extens n 3, Wisconsin Form PW-1, the federal Schedules I				or 1065-B, Wisconsir

SIGNATURES	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.							
	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)	(B)	(C1) Partner's Share of WI Net Income (Loss)	(D)	(E) Total	(F) Federal	(G) Filing	(H)	(1)	(L)	(K)
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)
а.		C1 C2								
b.		C1 C2								
с.		C1 C2								
d.		C1 C2								
е.		C1 C2								
f.		C1 C2								
g.		C1 C2								
h.		C1 C2								
i.		C1 C2								
j.		C1								
k.		C2 C1								
OTALS (enter on appropriat		C2								