Form

1CNP

## Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2013

Due	Date: April 15,	2014		(✔) if this is an DED return	Partnership Year Ending					
Com	plete form usi	ng BLACK INK.	Check	(✓) if this is a turn		M M D	D Y Y Y Y			
Partne	ership Name				Federa	al Employei	r ID Number			
Numb	er and Street						Suite Number			
City					State		Zip (+ 4 digit suffix if known)			
City	n to Contact Regardin	g This Return			Telephone Number		Fax Number			
Туре с	of Partnership (check (	✓) one)		Limited Dorto	orahin	Othor				
		´ General Partnership Limited Liability Partnersh	ip	Limited Partn		Other (Expla				
	■ Number (	of partners or members incl	ıdad in this	return						
		•								
		ifying partners or members ructions for details.	may be incl	uded in						
IF N	O ENTRY ON A	LINE, LEAVE BLANK								
	ENTER NEG	SATIVE NUMBERS LIKE THIS	<b>→ -1000</b>	NOT LIKE THIS	5 →(1000)	<u>NO</u> (	COMMAS; <u>NO</u> CENTS			
Sch	redule 1 Tax	Computation								
		rship income (loss) of qualifyin				4	00			
		nedule 2, column E				·				
_	Tax from Schedul	e 2, column H					.00			
							.00			
							.00			
							.00			
							.00			
							.00			
	, , ,						.00			
	If line 9 is less tha									
		nan line 4, subtract line 4 from					.00			
		nt to be <b>refunded</b> to partnershi				11 _	.00			
		y application for a federal ex m PW-1, the federal Schedules I					065 or 1065-B, Wisconsin			
		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.								
S	IGNATURES	Signature of Authorized Officer		Title			Date			
		Individual or Firm Signature of Prepare	er	Preparer's Fe	deral Employer ID Numb	per	Date			
	NOT FILING	Make check payable to and n	nail return to:	PO Box 89	Department of Rev 191 /I 53708-8991	/enue				

Schedule 2 Nonresident Partners Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)										
( <b>A</b> )	( <b>B</b> )	(C1) Partner's Share of WI Net Income (Loss)	( <b>D</b> )	( <b>E</b> ) Total Wisconsin	( <b>F</b> ) Federal	( <b>G</b> ) Filing Status	(H)	<b>(I)</b>	( <b>J</b> )	( <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 23)	Guaranteed Payments	Income (Loss) [(C1) + (D)]	Adjusted Gross Income From Form 1040	(S, H, MFJ, MFS)	Tax From Worksheet or 7.65% of Column (E)	Alternative Minimum Tax	Tax Withheld From Form PW-1	Balance Due (Overpay- ment)
a.		C1 C2								
b.		C1 C2								
C.		C1 C2								
d.		C1 C2								
e.		C1 C2								
f.		C1 C2								
g.		C1 C2								
h.		C1 C2								
i.		C1 C2								
j.		C1 C2								
k.		C1 C2								
TOTALS (enter on appropriate	e line on Sch	edule 1)								