

Due Date: April 15, 2014

Check (✓) if this is an AMENDED return

Partnership Year Ending

Check (✓) if this is a final return

M M D D Y Y Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Form fields for Partnership Name, Federal Employer ID Number, Address, City, State, Zip, Telephone Number, Fax Number, and Type of Partnership.

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.



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000

NOT LIKE THIS ->(1000)

NO COMMAS; NO CENTS

Schedule 1 Tax Computation

Table with 11 rows for tax computation, including Wisconsin partnership income, tax from Schedule 2, alternative minimum tax, and amended return adjustments.

Include a copy of any application for a federal 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.

Signature section with fields for Authorized Officer and Preparer, including titles and dates.

IF NOT FILING ELECTRONICALLY

Make check payable to and mail return to: Wisconsin Department of Revenue, PO Box 8991, Madison WI 53708-8991

**Schedule 2 Nonresident Partners Qualifying and Participating in Composite Return** (Attach a separate schedule, if necessary.)

(A) Name and Address of Nonresident Partner (and Spouse if Married Filing Jointly)	(B) Social Security Number	(C1) Partner's Share of WI Net Income (Loss)	(D) Guaranteed Payments	(E) Total Wisconsin Income (Loss) [(C1) + (D)]	(F) Federal Adjusted Gross Income From Form 1040	(G) Filing Status (S, H, MFJ, MFS)	(H) Tax From Worksheet or 7.65% of Column (E)	(I) Alternative Minimum Tax	(J) Tax Withheld From Form PW-1	(K) Balance Due (Overpay- ment)
		(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 23)								
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								
<b>TOTALS</b> (enter on appropriate line on Schedule 1) .....										