

Form **3** *Wisconsin Partnership Return*

2014

For 2014 or taxable year beginning and ending

Complete form using BLACK INK.

Due Date: 15th day of 4th month following close of taxable year.

DO NOT STAPLE OR BIND

Name _____

Number and Street _____ Suite Number _____

City _____ State _____ ZIP (+ 4 digit suffix if known) _____ **A** Federal Employer ID Number _____

D Check type of entity that is filing this return:

1 General partnership 3 Limited partnership 5 Other (explain below) _____

2 Limited liability partnership 4 Limited liability company

B Business Activity (NAICS) Code _____

C State of Formation _____ and Year _____

Enter abbreviation of state in box, or if a foreign country, enter below.

Check if applicable and see instructions:

E If you have an extension of time to file, enter the extended due date

F If this is an amended return, include an explanation of the changes.

G If you are filing a Form 1CNP on behalf of nonresident partners.

H If you have related entity expenses and are required to file Schedule RT with this return.



I If the partnership has terminated. **J** If this is the first return.

K Number of partners **L** Number of nonresident partners

M If the partnership is the sole owner of any limited liability companies. Prepare and submit Schedule DE with this return.

IF NO ENTRY, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)

NO COMMAS; NO CENTS

Part I Amount of Refund

1 Payments from Form WT-11	1 _____	.00
2 Withholding from Form W-2G	2 _____	.00
3 Amended Return Only – amount previously paid	3 _____	.00
4 Add lines 1 through 3	4 _____	.00
5 Amended Return Only – amount previously refunded	5 _____	.00
6 Overpayment. Subtract line 5 from 4. This is your refund	6 _____	.00
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7 Wisconsin property	7 _____	.00
8 Total company property	8 _____	.00
9 Wisconsin payroll	9 _____	.00
10 Total company payroll	10 _____	.00
11 Wisconsin sales	11 _____	.00
12 Total company sales	12 _____	.00
13 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose federal Form 8886 with your Wisconsin tax return.		

Part II

Schedule 3K – Partners’ Distributive Share Items

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
Income (Loss)	① Ordinary business income (loss)	① .00	.00 ①	.00
	② Net rental real estate income (loss) (<i>attach Form 8825</i>)	② .00	.00 ②	.00
	③ Other net rental income (loss) (<i>attach schedule</i>)	③ .00	.00 ③	.00
	④ Guaranteed payments	④ .00	.00 ④	.00
	⑤ Interest income	⑤ .00	.00 ⑤	.00
	⑥ Ordinary dividends	⑥ .00	.00 ⑥	.00
	⑦ Royalties	⑦ .00	.00 ⑦	.00
	⑧ Net short-term capital gain (loss)	⑧ .00	.00 ⑧	.00
	⑨ Net long-term capital gain (loss)	⑨ .00	.00 ⑨	.00
	⑩ Net section 1231 gain (loss) (<i>attach Form 4797</i>)	⑩ .00	.00 ⑩	.00
	⑪ Other income (loss) (<i>attach schedule</i>)	⑪ .00	.00 ⑪	.00
Other Deductions	⑫ Section 179 deduction (<i>attach Form 4562</i>)	⑫ .00	.00 ⑫	.00
	13 a Contributions . . . . .	.00	.00	.00
	b Investment interest expense . . . . .	.00	.00	.00
	c Section 59(e)(2) expenditures (1) Type _____ (2) Amount . . . . .	.00	.00	.00
	⑬ Other deductions (<i>attach schedule</i>)	⑬ .00	.00 ⑬	.00
	14 Net earnings (loss) from self employment . . . . .	.00		
Credits	15 a Schedule _____		a	.00
	b Schedule _____		b	.00
	c Schedule _____		c	.00
	d Schedule _____		d	.00
	e Schedule _____		e	.00
	f Schedule _____		f	.00
	g Schedule _____		g	.00
	h Schedule _____		h	.00
	i Schedule _____		i	.00
	j Schedule _____		j	.00
	k Schedule _____		k	.00
	l Schedule _____		l	.00
	m Schedule _____		m	.00
	n Schedule _____		n	.00
	o Tax paid to other states (enter postal abbreviation of state) (1) _____ (2) _____ (3) _____		o	.00
	p Wisconsin tax withheld		p	.00



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	
Foreign Transactions	16 a Name of country or U.S. possession				
	b Gross income from all sources .....	.00	.00	.00
	c Gross income sourced at partner level .....	.00	.00	.00
	<i>Foreign gross income sourced at partnership level:</i>				
	d Passive category .....	.00	.00	.00
	e General category .....	.00	.00	.00
	f Other (<i>attach statement</i>) .....	.00	.00	.00
	<i>Deductions allocated and apportioned at partner level:</i>				
	g Interest expense .....	.00	.00	.00
	h Other .....	.00	.00	.00
	<i>Deductions allocated and apportioned at partnership level to foreign source income:</i>				
	i Passive category .....	.00	.00	.00
	j General category .....	.00	.00	.00
	k Other (<i>attach statement</i>) .....	.00	.00	.00
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....	.00	.00	.00
	m Reduction in taxes available for credit (<i>attach statement</i>) .....	.00	.00	.00
n Other foreign tax information (<i>attach statement</i>) .....	.00	.00	.00	
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment .....	.00	.00	.00
	b Adjusted gain or loss .....	.00	.00	.00
	c Depletion (other than oil and gas) .....	.00	.00	.00
	d Oil, gas, and geothermal properties – gross income .....	.00	.00	.00
	e Oil, gas, and geothermal properties – deductions .....	.00	.00	.00
	f Other AMT items (<i>attach schedule</i>) .....	.00	.00	.00
Other	18 a Tax-exempt interest income .....	.00	.00	.00
	b Other tax-exempt income .....	.00	.00	.00
	c Nondeductible expenses .....	.00	.00	.00
	19 a Distributions of cash and marketable securities .....	.00	.00	.00
	b Distributions of other property .....	.00	.00	.00
	20 a Investment income .....	.00	.00	.00
	b Investment expenses .....	.00	.00	.00
	c Other items and amounts (<i>attach schedule</i>) .....			.00
	21 a Related entity expense addback .....			.00
	b Related entity expense allowable .....			.00
22 Income (loss) (<i>see instructions</i>) .....	.00		.00	
23 Gross income (before deducting expenses) from all activities00		



Person to contact concerning this return:	Phone #:	Fax #:
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Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of General Partner	Date	Signature of Preparer	Date
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Third Party Designee

Do you want to allow another person to discuss this return with the department? **Yes** Complete the following. **No**

Designee's name ▶

Phone no. ▶ ()

Personal identification number (PIN) ▶

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If you are not filing electronically, paper clip (don't staple or bind) a copy of your federal Form 1065, any accompanying schedules, and Schedules 3K-1.

File electronically through the Federal/State E-Filing Program, or

Mail to: Wisconsin Department of Revenue

If partnership completed Part I PO Box 8908, Madison, WI 53708-8908

If partnership only completed Part II PO Box 8965, Madison, WI 53708-8965