

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

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Partnership Name                                       |  | Federal Employer ID Number                         |                                 |
| 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)                    |  |  |                                 |
| <input type="checkbox"/> General Partnership           |  | <input type="checkbox"/> Limited Partnership       |                                 |
| <input type="checkbox"/> Limited Liability Partnership |  | <input type="checkbox"/> Limited Liability Company |                                 |
|  |  | <input type="checkbox"/> Other (Explain) _____     |                                 |

◀ 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**

|   |           |       |     |
|---|-----------|-------|-----|
| <b>1</b> Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E                                 | <b>1</b>  | _____ | .00 |
| <b>2</b> Tax from Schedule 2, column H  | <b>2</b>  | _____ | .00 |
| <b>3</b> Alternative minimum tax from Schedule 2, column I  | <b>3</b>  | _____ | .00 |
| <b>4</b> Add lines 2 and 3. This is the total tax.  | <b>4</b>  | _____ | .00 |
| <b>5</b> Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column J)  | <b>5</b>  | _____ | .00 |
| <b>6</b> Amended Return Only – amount previously paid   | <b>6</b>  | _____ | .00 |
| <b>7</b> Add lines 5 and 6.   | <b>7</b>  | _____ | .00 |
| <b>8</b> Amended Return Only – amount previously refunded   | <b>8</b>  | _____ | .00 |
| <b>9</b> Subtract line 8 from 7   | <b>9</b>  | _____ | .00 |
| <b>10</b> If line 9 is less than line 4, subtract line 9 from line 4 and enter <b>tax due</b>   | <b>10</b> | _____ | .00 |
| <b>11</b> If line 9 is more than line 4, subtract line 4 from line 9 and enter <b>overpayment</b> . This is the amount to be <b>refunded</b> to partnership | <b>11</b> | _____ | .00 |

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.*

|                   |   |                                       |      |
|-------------------|---|---------------------------------------|------|
| <b>SIGNATURES</b> | 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. |                                       |      |
|                   | 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

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

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