DO NOT STAPLE OR BIND

Wisconsin Partnership Return

2013

	plete form using BLACK INK.		Due Date:	15th day of 4th	n month follow	wing close of ta	xable year.
Nam							
Num	per and Street					Suite Number	
		1-					
City		State	ZIP (+ 4 digit suffix	if known) A Fe	deral Employe	r ID Number	
D C	heck ✓ type of entity that is filing this return:	1		B Bı	isiness Activity	(NAICS) Code	
1_	General partnership 4 Limited liability company	6 _	Other (explain be	elow)	ate of Formatio	n and	Year
2 _	Limited liability partnership 5 Dairy cooperative filing Form solely for purposes of comp				state in foreign of	box, or if a country, enter	YYY
3 _	Limited partnership and allocating dairy cooperatives credit				below.		
	k ✓ if applicable and see instructions:			<u> </u>			
E	If you have an extension of time to file, enter the extended due dat	te	D V V V	<u></u>			
	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.						
н_	If you have related entity expenses and are required to file Schedu	ule RT with th	is return.				
ı	If the partnership has terminated J If this is the first re	eturn.					
K N	umber of partners L Number of nonresident	partners					
М	If the partnership is the sole owner of any limited liability companie LLC's with this return.	es. Prepare a	nd submit a list of the	ose			
	LEG 5 WILLI HIS TOLUTT.				IF NO E	NTRY, LEAVE	BLANK
	ENTER NEGATIVE NUMBERS LIKE THIS → -1000	NO	OT LIKE THIS -	→ (1000)	NO CO	OMMAS; <u>NO</u>	CENTS
Pa	Amount of Refund						
1	Estimated economic development surcharge paymen	nts and/or	payments from I	Form WT-11	1		. 00
<u>2</u>	Withholding from Form W-2G				2		. 00
<u>3</u>	Amended Return Only – amount previously paid				3		. 00
<u>4</u>	Add lines 1 through 3				4		. 00
<u>5</u>	Amended Return Only – amount previously refunded				5		. 00
<u>6</u>	Overpayment. Subtract line 5 from 4. This is your re	fund			6		. 00
<u>7</u>	Wisconsin property				7		. 00
<u>8</u>	Total company property				8		. 00
<u>9</u>	Wisconsin payroll				9		. 00
<u>10</u>	Total company payroll				10		•00
<u>11</u>	Wisconsin sales				11		•00
<u>12</u>	Total company sales				12		. 00
<u>13</u>	Did you file federal Form 8886 – Reportable Transact	tion Disclo	sure Statement	with the Inter	nal Revenu	e Service?	
	Yes No If yes, enclose federal Form 8886 v						

2013 Form 3 Page **2 of 4**

Par	t II	Schedule 3K – Partners	' Distril	butive Share Iter	ns	
		(a) Distributive share items	(b) Fe	ederal amount	(c) Adjustment	(d) Amount under Wis. law
	1	Ordinary business income (loss)(1	.00	.00	.00
	2	Net rental real estate income (loss) (attach Form 8825)(2	.00	.00	.00
	3	Other net rental income (loss) (attach schedule)	3	.00	.00	.00
<u>@</u>	4	Guaranteed payments(4	.00	.00	.00
Income (Loss)	5	Interest income	5	.00	.00	.00
ne (I	6	Ordinary dividends(6	.00	.00	.00
con	7	Royalties	7	.00	.00	.00
드	8	Net short-term capital gain (loss)	8	.00	.00	.00
	9	Net long-term capital gain (loss)	9	.00	.00	.00
	10	Net section 1231 gain (loss) (attach Form 4797)	10	.00	.00 (1	.00
	11	Other income (loss) (attach schedule)	11)	.00	.00(1	.00
	12	Section 179 deduction (attach Form 4562)	12)	.00	.00	20.00
"	-	a Contributions	_		.00	.00
Other Deductions		b Investment interest expense			.00	.00
Other ductio		c Section 59(e)(2) expenditures (1) Type				
Dec		(2) Amount		00	00	00
		d Other deductions (attach schedule)			.00	00.
		Net earnings (loss) from self employment				.00
				.00		a .00
	'	a Schedule				
		b Schedule				
		© Schedule				
		d Schedule				_
		Schedule				
		f Schedule				
	`	g Schedule				
		h Schedule				
Credits		i Schedule				~
Cre		Schedule				
		k Schedule			_	_
		① Schedule				
		mSchedule				
	l	n Schedule			-	
		Tax paid to other states (enter postal abbreviation of state)			_	
						
	((P) Wisconsin tax withheld			(J	.00.



2013 Form 3 Page **3 of 4**

			(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
	16	а	Name of country or U.S. possession			
		b	Gross income from all sources			00
		С	Gross income sourced at partner level		00.	.00
			Foreign gross income sourced at partnership level:			
		d	Passive category		00	00
w		е	General category			
ion		f	Other (attach statement)			.00
sact			Deductions allocated and apportioned at partner level:			
ran		g	Interest expense			
gn T		h	Other			.00
Foreign Transactions			Deductions allocated and apportioned at partnership level to	foreign source incom	e:	
щ		i	Passive category	.00	.00	.00
		j	General category	.00	.00	.00
		k	Other (attach statement)	.00	.00	.00
		ı	Total foreign taxes (check one): Paid Accrued	.00	.00	.00.
		m	Reduction in taxes available for credit (attach statement)	.00	.00	.00.
		n	Other foreign tax information (attach statement)	.00	.00	.00
	17	а	Post-1986 depreciation adjustment	.00		
ems		b	Adjusted gain or loss		.00	
Minimum Tax (AMT) Items		С	Depletion (other than oil and gas)	.00	.00	.00
Minimum (AMT) Itel		d	Oil, gas, and geothermal properties – gross income		.00	.00.
ax (е	Oil, gas, and geothermal properties – deductions		00	
		f	Other AMT items (attach schedule)			.00.
	18(a	Tax-exempt interest income	.00	.00(a .00
	(b	Other tax-exempt income	.00	(d
	(C	Nondeductible expenses	.00		c .00
	19 (a	Distributions of cash and marketable securities 19 a	.00		a .00
	(b	Distributions of other property	.00		b .00
er	20	а	Investment income			.00
Other		b	Investment expenses			
		С	Other items and amounts (attach schedule)			
	21 (_	Related entity expense addback		(a .00
		_	Related entity expense allowable			b .00
(_	come (loss) (see instructions)			.00
	<u></u>		ross income (before deducting expenses) from all activities			_



Page 4 of 4 2013 Form 3 Person to contact concerning this return: Phone #: Fax #: 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 **Third** Do you want to allow another person to discuss this return with the department? ____ Yes Complete the following. **Party** Personal Designee's Phone identification **Designee** no. ▶ (number (PIN)

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