

Due Date: April 18, 2023

Check (✓) if this is an AMENDED return (Include Schedule AR)

Check (✓) if this is a final return

Partnership Year Ending

2 0 2 2 M M D D Y Y Y Y

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) General Partnership, Limited Partnership, Other (Explain), Limited Liability Partnership, Limited Liability Company

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.

Schedule 1 Tax Computation

Table with 9 rows: 1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E; 2 Tax from Schedule 2, column H; 3 Wisconsin tax withheld from Schedule 2, column I; 4 Amended Return Only - amount previously paid; 5 Add lines 3 and 4; 6 Amended Return Only - amount previously refunded; 7 Subtract line 6 from 5; 8 If line 7 is less than line 2, subtract line 7 from line 2 and enter amount due; 9 If line 7 is more than line 2, subtract line 2 from line 7. This is the amount to be refunded to partnership

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.

Third Party Designee

Do you want to allow another person to discuss this return with the department? Yes No. Complete the following. Name, Phone Number, Personal Identification Number (PIN)

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.

Table with 2 rows and 4 columns: Row 1: Signature of Authorized Officer, Title, Date; Row 2: Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, Date

For information on how to file, see Filing Methods in instructions.

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) (C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 24)	(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) Tax Withheld From Form PW-1	(J) 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 line on Schedule 1)									