Form

1CNP

## Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2023

	TOT MOTITOGIAO	iic i ai ai ai oi o			
Oue Date: April 15,	Check (✓) if this is an AMENDED return (Include Schedule AR)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Partnership Name			Federal Employe	er ID Number	
Number and Street		Suite Number			
City			State	Zip (+ 4 digit suffix if known)	
Person to Contact Regarding	g This Return	Telephone Nu	ımber	Fax Number	
Type of Partnership (check (	General Partnership	Limited Partnership	Other (Expl		
■ Number of	f partners or members included in this return.				
Caution: Only qualifyi	ing partners or members may be included in thi	s return. See instructi	ons for details.		
Schedule 1 Tax Co	omputation				
1 Wisconsin partne	rship income (loss) of qualifying and participatin	ng nonresident			
partners from Sch	edule 2, column E		1 _	.00.	
2 Tax from Schedul	e 2, column H		2 _	.00.	
3 Wisconsin tax with	hheld from Schedule 2, column I		3 _	.00.	
4 Amended Return	Only – amount previously paid		4	.00.	
5 Add lines 3 and 4			5	.00.	
6 Amended Return	Only – amount previously refunded		6 _	.00.	
7 Subtract line 6 fro	7 _				
8 If line 7 is less tha	8 _	.00.			
9 If line 7 is more th	an line 2, subtract line 2 from line 7.				
This is the amoun	t to be <b>refunded</b> to partnership		9 _	.00.	
	y application for a federal extension of time in PW-1, the federal Schedules K-1, or the Wisco			065 or 1065-B, Wisconsin	
Third Do you w Party Print Designee Name	rant to allow another person to discuss this return with the	department? Yes Phone Number ▼	Complete the foll	lowing No Il Identification Number (PIN) ▼	
pelief, a true, correct, and	ed this return, including any accompanying schedules d complete report of income under the provisions of C or other written authorization from each qualifying a	Chapter 71 of the Wiscons	sin Statutes. Í also	o declare that this partnership	
	Signature of Authorized Officer	Title		Date	
SIGNATURES	Individual or Firm Signature of Preparer	Preparer's Federal Employe	r ID Number	Date	

2023 Form 1CNP Page 2

Schedule 2 Nonresident Partners Qualifying and Participating in Composite Return (Attach a separate schedule, if necessary.)											
(A)  Name and Address of	( <b>B</b> ) Social	(C1) Partner's Share of WI Net Income (Loss) (C2) Partner's	(D)	( <b>E</b> ) Total Wisconsin Income	( <b>F</b> ) Federal Adjusted Gross	( <b>G</b> ) Filing Status (S, H,	( <b>H</b> ) Tax From Worksheet	( <b>I</b> ) Tax Withheld	( <b>J</b> ) Balance Due		
Nonresident Partner (if Married Filing Jointly, see instructions)	Security Number	Share of WI Gross Income (from Sch. 3K-1, line 24)	Guaranteed Payments	(Loss) [(C1) + (D)]	Income From Form 1040	MFJ, MFS)	or 7.65% of Column (E)	From Form PW-1	(Overpay- ment)		
a.		C1									
		C2									
b.		C1									
		C2									
C.		C1									
		C2									
d.		C1									
		C2									
e.		C1									
		C2									
f.		C1 C2									
g.		C1									
9.		C2									
h.		C1									
		C2									
i.		C1									
		C2									
j.		C1									
		C2									
k.		C1									
		C2									
TOTALS (enter on appropriate line of	on Schedule 1).										
(											