## Wisconsin Partnership Return

<b>Due Date:</b> 15th day of 3rd month following close of taxable year.			F=			
Name			FEIN			
Number and Street					Suite Number	
City	State	Zip (+ 4 digit suffix i	f known)	Business Act	ivity (NAICS) Code	
Number of Partners Number of Nonresident Partners		State	of Format Ente	ion a er abbreviation o	and Year of	
A Check ✓ type of entity that is filing this return:			fore	e in box, or if a ign country, ente	er <del>YYY</del>	
1, General partnership 2, Limited	iahility nartners	ship	belo	OW.		
3 Limited partnership 4 Limited	• •		·			
5 Other (explain)	,					
Check ✓ if applicable and see instructions:						
If you have an extension of time to file, enter the extended due date						
If this is an amended return, include Schedule AR, Explanation of A	M M D D	Y Y Y Y				
If you are filing a Form 1CNP on behalf of nonresident partners. No			nay also	be required.		
If you have related entity expenses and are required to file Schedul				·		
If this is the first return						
If this is the final return						
If the partnership is the sole owner of any disregarded entities. Pre	pare and submi	t Schedule DE with	this retu	urn		
If the partnership is electing to pay tax at the entity level pursuant to	s. 71.21(6)(a)	, Wis. Stats.				
If a lower-tier entity made an election to pay tax at the entity level put	suant to s. 71.2	21(6)(a), Wis. Stats.	(see in	structions)		
If IRS adjustments became final during the year. Enter year(s) review	red 1					
Enter year(s) adjust	ed 2					
Were imputed underpayments from the partnership adjustments asso	essed to the par	tnership?	Yes	No		
	If the partnership is electing to claim a credit under s. 71.07 (3w)(c)2.b. and/or (3y)(c)1.b., Wis. Stats., at the entity level. Attach the appropriate Schedule EC and/or BD, and include the amount of the credit(s) on line 8.					
If the partnership reorganized during the tax year, enter type of reor	ganization (see	e instructions).				
Part I						
1 Partnership entity-level tax (Schedule 3-ET, line 21)			1			
2 Amended Return Only – amount previously refunded			2	-		
3 Interest, penalty, and late fee due (see instructions). If you annualized of	heck (✓) the bo	)х	3			
4 Add lines 1 through 3						
5 Wisconsin tax withheld			5			
6 Estimated tax payments less refund from Form 4466W			6			
7 Amended Return Only – amount previously paid			7			
8 Add lines 5 through 7 (see instructions)			8			
9 Amount due. If line 4 is larger than line 8, enter amount owed			9			
<b>Overpayment.</b> If line 8 is larger than line 4, enter amount overpaid			10			
1 Enter amount of line 10 you want credited to 2025 estimated tax			11			

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13	Wisco	onsin property			
14	Total	company property			
15	Wisco	onsin payroll			
16	Total	company payroll			
17	Wisco	onsin sales			
18	Total	company sales			
19	Wisco	onsin apportionment percentage. Ent	er the apportionment schedule used:	A <b>19</b>	%
	If 100	0% apportionment, check (✓) the spa	ce after the arrow		
		ng separate accounting, check (✓) th	· —		
20	Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS?				Yes No
	If yes, include with your Wisconsin tax return.				
21	Did y	ou purchase any taxable products or	services for storage, use, or consumption	on in	
	Wisco	onsin without payment of sales or use	e tax?	21	Yes No
22	City a	and state where books and records a	re located for audit purposes:		
23	List th	he locations of the partnership's Wisc	consin operations:		
 Par	t II	Schedule 3K – Partners' Distrik	outive Share Items		
- 41		(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
_	1	Ordinary business income (loss)	1	1	
	2	Net rental real estate income			
	_	(loss) (attach Form 8825)	2	2	
	3	Other net rental income (loss)			
		(attach schedule)	3	3	
	4	Guaranteed payments:			
_		a Services	4a	42	a
(Loss)		<b>b</b> Capital	4b	41	
J) el		c Total (add lines 4a and 4b)	4c	40	·
Income	5	Interest income	5	5	
드	6	Ordinary dividends	6	6	
	7	Royalties	7	7	
	8	Net short-term capital gain (loss)	8	8	
	9	Net long-term capital gain (loss)	9	9	
	10	Net section 1231 gain (loss)			
		(attach Form 4797)	10	10	
	11	Other income (loss) (attach sch.)	11	11	
	12	Section 179 deduction			
10			12		
			13a		
tions	l .		13b		
duct	С	Investment interest expense	13c	13c	
Other Deductions	d	Section 59(e)(2) expenditures			
		<b>(1)</b> Type			
_		(2) Amount	13d		
	е	Other deductions (attach sch.)	13e	13e	
	14	Net earnings (loss) from self			
		employment	14		

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		(a) Distributive share items	(b) Federal amo	ount (c) Adjustment	[	(d) Amount under Wis. lav
	15	Wisconsin credits:				
	а	Schedule			15a	
		<del></del>				
		<del></del>				
lits		<del></del>				
Credits	f	Schedule			15f	
0	g	Schedule			15g	
	h	Schedule			15h	
	i	Tax paid to other states (postal abbv.)	15i-1		15i-1	
			15i-2		15i-2	
			15i-3		15i-3	
	j	Wisconsin tax withheld			15j	
ons						
International Transactions	16	If you are reporting items of internal Schedule K-2 (Form 1065) to your	The state of the s		16	
Trar			. c.			
=	17a	Post-1986 depreciation adjustment				
ms	b	, 0				
) Ite	C	Depletion (other than oil and gas)	1/c			
AMT	d	Oil, gas, and geothermal properties – gross income	17d			
Alternative Minimum Tax (AMT) Items	е	0.11				
	f	Other AMT items (attach sch.)				
	18a	Tax-exempt interest income	18a		18a	
	b	Other tax-exempt income	18b		18b	
	С	Nondeductible expenses	18c		18c	
	19a	Distributions of cash and marketable securities	19a		 19a	
	b	Distributions of other property				
ı	20a	Investment income				
Other	b	Investment expenses				
•	c	Other items and amounts (attach sch.)				
	21	Foreign taxes paid or accrued				
	22a	Related entity expense addback				
	b	Related entity expense allowable				
	23	Income (loss) (see instructions)				
	24	Gross income (before deducting ex				
Thii Par	ty	Print Designee's	erson to discuss this return wi	th the department? Yes C Phone Numb		wing <b>No</b> Personal Identification Number (PIN) ▼
	signe					
Pers	son to	contact concerning this return:		Phone #:	Fax #:	
Jnde	er per	nalties of law, I declare that this retur	n and all attachments are t	rue, correct, and complete to the	best of my kn	owledge and belief.
Sign	nature	of General Partner	Date	Signature of Preparer		Date
_				T. Control of the Con		

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	ditions:	ractions				
1	State taxes accrued or paid					
2						
3	Expenses related to nontaxable income					
4	Section 179, depreciation, amortization difference (attach schedule).					
5	Amount by which the federal basis of assets disposed of exceeds the	tach schedule) 5				
6	Total additions for certain credits computed:					
	a Business development credit	6a				
	<b>b</b> Community rehabilitation program credit	6b				
	c Development zones credits	6c				
	<b>d</b> Economic development tax credit	6d				
	e Electronics and information technology manufacturing zone credi	t 6e				
	<b>f</b> Employee college saving account contribution credit	6f				
	g Enterprise zone jobs credit	6g				
	h Reserved for future use	6h				
	$i  \text{Manufacturing and agriculture credit (computed in 2023)} \ \dots \dots \\$	6i				
	j Reserved for future use	6j				
	k Research credits	6k				
	I Total credits (add lines 6a through 6k)		6I			
7	Other additions:					
	a	7a				
	b	7b				
	С	7c				
	d Total other additions (add lines 7a through 7c)		7d			
8	Total additions (add lines 1 through 5 and 6l and 7d)		8			
Suk	otractions:					
9	Related entity expenses eligible for subtraction (from Schedule RT, P	art II)	9			
10	Income from related entities whose expenses were disallowed (obtain					
	related entity and include with your return)					
11	Section 179, depreciation/amortization of assets (attach schedule) .					
	Amount by which the Wisconsin basis of assets disposed of exceeds					
	Federal wage credits					
14	Federal research credit expenses					
15	Other subtractions:					
	a	15a				
	b	15b				
	С					
	d Total other subtractions (add lines 15a through 15c)					
16	Total subtractions (add lines 9 through 14 and 15d)		16			
17	Total adjustment (subtract line 16 from line 8)					
Pas	ss-Through Entity Representative					
	presentative's Name (see instructions)	Contact's Name (see i	instructions)			
<u> </u>						
Em	ail Address		Phone Number			
Ма	iling Address		Apt.			
City	<del></del>		State Zip Code			
			The state of the s			