

Due Date: April 15, 2026 Check (✓) if this is an AMENDED return (Include Schedule AR) Check (✓) if this is a final return Partnership Year Ending 2 0 2 5
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)			
<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.

Schedule 1 Tax Computation

1 Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E	1	.00
2 Tax from Schedule 2, column H	2	.00
3 Wisconsin tax withheld 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 from 5	7	.00
8 If line 7 is less than line 2, subtract line 7 from line 2 and enter amount due	8	.00
9 If line 7 is more than line 2, subtract line 2 from line 7. This is the amount to be refunded to partnership	9	.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.*

Third Party Designee Do you want to allow another person to discuss this return with the department? **Yes** Complete the following. **No**

Print Designee's 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.

SIGNATURES	Signature of Authorized Officer	Title	Date
	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)	(B)	(C1) Partner's Share of WI Net Income (Loss)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Name and Address of Nonresident Partner (if Married Filing Jointly, see instructions)	Social Security Number	(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 24)	Guaranteed Payments	Total Wisconsin Income (Loss) [(C1) + (D)]	Federal Adjusted Gross Income From Form 1040	Filing Status (S, H, MFJ, MFS)	Tax From Worksheet or 7.65% of Column (E)	Tax Withheld From Form PW-1	Balance Due (Overpayment)
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)									