Form **3S** ***Wisconsin Partnership Recycling Surcharge***

2007

For 2007 or taxable year beginning __ __ __ __ __ __ __ __ (M M D D Y Y Y Y) and ending __ __ __ __ __ __ __ __ (M M D D Y Y Y Y).

Complete form using BLACK INK. **Due Date:** 15th day of 4th month following close of taxable year.

Name			**A** Federal Employer ID Number ref 153
Number and Street			**B** County ref 154
City	State	ZIP (+ 4 digit suffix if known)	

C Check ✓ type of entity that is filing this return:

1 ☐ General partnership **3** ☐ Limited partnership **5** ☐ Other (explain)_____

2 ☐ Limited liability partnership **4** ☐ Limited liability company

Check ✓ if applicable and see instructions:

D ☐ If this is an amended return, include an explanation of the changes.

E ☐ If you have an extension of time to file, enter the extended due date __ __ __ __ __ __ __ __ (M M D D Y Y Y Y).

F ☐ If the partnership has terminated.

G Person to contact concerning this return: _____

Phone #: _____ Fax #: _____

DRAFT 11-1-2007

ENTER NEGATIVE NUMBERS LIKE THIS → –1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Computation of Surcharge

1	Enter the partnership gross receipts from trade or business activities (see instructions)	1	ref 163 .00
2	Enter the net business income (do not include net farm profit or loss; see instructions)	2	ref 164 .00
3	Wisconsin apportionment percentage (from Form 4B, line 39, or Form 4B-1; carry to 4 places to the right of the decimal point)	3	ref 165 . __ __ __ __ %
4	Multiply line 2 by line 3. This is Wisconsin net business income	4	ref 166 .00
5	Enter the greater of $25 or 0.2% (0.002) of the amount on line 4, but not more than $9,800. This is your recycling surcharge	5	ref 167 .00

Amount Due or Refund

6	Enter estimated recycling surcharge payments and withholding from Form W-2G	6	ref 168 .00
7	Underpayment interest due (from Form 3U, line 18)	7	ref 169 .00
8	**Amount due.** If the total of lines 5 and 7 is larger than line 6, enter amount owed	8	ref 170 .00
9	**Overpayment**. If line 6 is larger than the total of lines 5 and 7, enter amount overpaid.	9	ref 171 .00
10	Enter amount of line 9 you want credited on 2008 estimated surcharge	10	ref 172 .00
11	Subtract line 10 from line 9. **This is your refund**	11	ref 173 .00

Under penalties of law, I declare that this return is true, correct, and complete to the best of my knowledge and belief.

Signature of General Partner ▶		Date
Signature of Preparer ▶	Preparer's Federal Employer ID Number ▶	Date

If you are not filing electronically, make your check payable to and mail Form 3S to:

Wisconsin Department of Revenue
P.O. Box 8908
Madison, WI 53708-8908