

Due Date: April 15, 2009

Check if this is an AMENDED return

Partnership Year Ending M M D D Y Y Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Form fields for Partnership Name, Federal Employer ID Number, Address, City, State, Zip, Telephone Number, Fax Number, and Type of Partnership.

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.

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000) NO COMMAS; NO CENTS

Schedule 1 Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 7 for tax computation.

Include a copy of any application for an extension of time to file the return. 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.

Signature section with fields for SIGNATURES, Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, and Date.

IF NOT FILING ELECTRONICALLY section with fields for Make check payable to and mail return to: Wisconsin Department of Revenue, PO Box 8991, Madison WI 53708-8991.

**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)	(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	(I) Alternative Minimum Tax	(J) Wisconsin Income Tax Withheld	(K) Balance Due (Overpayment)
		(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 21)								
a.		C1							5a	
		C2							5b	
b.		C1							5a	
		C2							5b	
c.		C1							5a	
		C2							5b	
d.		C1							5a	
		C2							5b	
e.		C1							5a	
		C2							5b	
f.		C1							5a	
		C2							5b	
g.		C1							5a	
		C2							5b	
h.		C1							5a	
		C2							5b	
i.		C1							5a	
		C2							5b	
j.		C1							5a	
		C2							5b	
k.		C1							5a	
		C2							5b	
<b>TOTALS</b> (enter on appropriate line on Schedule 1) .....									5a	
									5b	

DRAFT  
8-22-2008