

Form

1CNP

Composite Wisconsin Individual Income Tax Return for Nonresident Partners

2014

Due Date: April 15, 2015

Check (✓) if this is an AMENDED return

Check (✓) if this is a final return

Partnership Year Ending

0 6 3 0 2 0 1 4
M M D D Y Y Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Partnership Name: SHOEBILL UNLIMITED
Federal Employer ID Number: 690000005
Number and Street: 5551 ELLIOT RD
Suite Number:
City: SALT LAKE CITY
State: UT
Zip (+ 4 digit suffix if known): 84101
Person to Contact Regarding This Return:
Telephone Number:
Fax Number:
Type of Partnership (check (✓) one):
General Partnership
Limited Partnership (checked)
Other
Limited Liability Partnership
Limited Liability Company
(Explain)

2 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.



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS -> -1000 NOT LIKE THIS -> (1000)

NO COMMAS; NO CENTS

Schedule 1 Tax Computation

Table with 11 rows for tax computation. Line 1: Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E. Line 2: Tax from Schedule 2, column H. Line 3: Alternative minimum tax from Schedule 2, column I. Line 4: Add lines 2 and 3. This is the total tax. Line 5: Wisconsin tax withheld as reported on Form PW-1 (from Schedule 2, column J). Line 6: Amended Return Only - amount previously paid. Line 7: Add lines 5 and 6. Line 8: Amended Return Only - amount previously refunded. Line 9: Subtract line 8 from 7. Line 10: If line 9 is less than line 4, subtract line 9 from line 4 and enter tax due. Line 11: If line 9 is more than line 4, subtract line 4 from line 9 and enter overpayment. This is the amount to be refunded to partnership.

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

Designee's name

Phone no. ()

Personal identification number (PIN)

Grid for PIN entry

SIGNATURES

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.

Signature of Authorized Officer

Title

Date

Individual or Firm Signature of Preparer

Preparer's Federal Employer ID Number

Date

IF NOT FILING ELECTRONICALLY

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 From Worksheet or 7.65% of Column (E)	(I) Alternative Minimum Tax	(J) Tax Withheld From Form PW-1	(K) Balance Due (Overpayment)
		(C2) Partner's Share of WI Gross Income (from Sch. 3K-1, line 23)								
a. DAVID BOXWOOD 348 NIXON CIR BOISE ID 83708	000400001	C1 1216935	25000	1241935			95008		95008	0
		C2 5438256								
b. JOSEPH PLUM 2894N6352 SOUTH RENO NV 89510	000400002	C1 1241935		1241935			95008		95008	0
		C2 5469367								
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)				2483870			190016		190016	

10-10-14
DRAFT