

Due Date: April 15, 2013

- Check (✓) if this is an AMENDED return
Check (✓) if this is a final return

Partnership Year Ending

M M D D C C Y Y

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Form fields including Partnership Name (SHOEBILL UNLIMITED), Federal Employer ID Number (690000005), Address (5551 ELLIOT RD), City (SALT LAKE CITY), State (UT), and Type of Partnership.

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

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.

SIGNATURES section with fields for Signature of Authorized Officer, Title, Date, Individual or Firm Signature of Preparer, Preparer's Federal Employer ID Number, and 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 7.75% 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 22)								
a. DAVID BOXWOOD 348 NIXON CIR BOISE ID 83708	000400001	C1 912232		912232			70698		70698	0
		C2 5438256								
b. JOSEPH PLUM 2894N6352 SOUTH RENO NV 89510	000400002	C1 912232		912232			70698		70698	0
		C2 5438256								
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)				1824464			141396		141396	

9-7-12
DRAFT