Form **3S** ***Wisconsin Partnership Recycling Surcharge*** **2008**

For 2008 or taxable year beginning ___ ___ ___ ___ and ending ___ ___ ___ ___.
M M D D Y Y Y Y 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
Number and Street			**B** County
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 #: _____

10-30-08 DRAFT

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	163 .00
2	Enter the net business income (do not include net farm profit or loss; see instructions)	2	164 .00
3	Wisconsin apportionment percentage (from Form 4B, line 11, or Form 4B-1). **This is a required field.** If apportionment does not apply, enter "100.0000%." *Fill all spaces to the right of decimal point.* If percentage is from Form 4B-1, check the space after the arrow. ▶ 164.5 ☐	3	___ ___ ___ . ___ 165 ___ %
4	Multiply line 2 by line 3. This is Wisconsin net business income	4	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	167 .00

Amount Due or Refund

6	Estimated recycling surcharge payments	6	168 .00
7	Withholding from Form W-2G	7	168.5 .00
8	Add lines 6 and 7	8	.00
9	Underpayment interest due (from Form 3U, line 18) If you annualized income on Form 3U, check the space after the arrow ▶ ☐	9	.00
10	**Amount due.** If the total of lines 5 and 9 is larger than line 8, enter amount owed	10	170 .00
11	**Overpayment**. If line 8 is larger than the total of lines 5 and 9, enter amount overpaid	11	171 .00
12	Enter amount of line 11 you want credited on 2009 estimated surcharge 12 172 .00		
13	Subtract line 12 from line 11. **This is your refund**	13	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

IP-035