

Due Date: April 15, 2010 Check (✓) if this is an AMENDED return Partnership Year Ending

Complete form using BLACK INK.

DO NOT STAPLE OR BIND

Partnership Name Shoebill Unlimited		69-0000005	
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) <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company			

 3 ← 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

1	Wisconsin partnership income (loss) of qualifying and participating nonresident partners from Schedule 2, column E	1	<u>2,290,761.00</u>
2	Tax from Schedule 2, column H	2	<u>177,534.00</u>
3	Alternative minimum tax from Schedule 2, column I	3	<u>0.00</u>
4	Add lines 2 and 3. This is the total tax	4	<u>177,534.00</u>
5	Wisconsin tax withheld (from Schedule 2, column J)	5	<u>177,534.00</u>
6	If line 5 is less than line 4, subtract line 5 from line 4 and enter tax due	6	<u>0.00</u>
7	If line 5 is more than line 4, subtract line 4 from line 5 and enter overpayment . This is the amount to be refunded to partnership	7	<u>0.00</u>

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.*

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
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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) 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	000-40-0001	C1 763,587		763,587			59,178		59,178	0
		C2 3,625,504								
b. Joseph Plum 2894 N 6352 South Reno NV 94104	000-40-0002	C1 763,587		763,587			59,178		59,178	0
		C2 3,625,504								
c. Tony Cypress 4810 S 19 West San Fran CA 94104	000-40-0003	C1 763,587		763,587			59,178		59,178	0
		C2 3,625,504								
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)				2,290,761			177,534		177,534	