

Due Date: April 18, 2011

Check (✓) if this is an AMENDED return

Partnership Year Ending

M M D D C C 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 2 columns: Line number and Amount. Rows include Wisconsin partnership income, tax from Schedule 2, alternative minimum tax, total tax, tax withheld, tax due, and refund.

Include a copy of any application for an 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

