Form **PW-1** *Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income* **2011**

#24

For 2011 or taxable year beginning M M D D C C Y Y and ending M M D D C C Y Y.

If this is an amended return, check here ▶ ☑ If this is a final return, check here ▶ ☐

DO NOT STAPLE OR BIND

Part 1: Pass-Through Entity Information

Name of Pass-Through Entity Withholding the Tax		Federal Employer ID Number
SHOEBILL UNLIMITED		69-0000005
Number and Street	Suite/Unit	For Estates Only: Decedent's Social Security Number
5551 ELLIOT Rd		
City	State	ZIP Code (+ 4 digit suffix is known)
SALT LAKE CITY	UT	84101
Person to Contact Regarding This Information		Telephone Number

A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): ☐ 5S ☑ 3 ☐ 2

B Total pass-through income under Wisconsin law *(see instructions)* . . . . . 4253412 .00

ENTER NEGATIVE NUMBERS LIKE THIS → –1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

1	Total withholding tax computed (from Part 2, line 17)	1	385,000 .00
2	Estimated quarterly withholding tax payments (less Form 4466W refund, if any)	2	280,000 .00
3	Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.)	3	5,000 .00
4	Enter total tax withheld by WT-11 filers	4	.00
5	Amended Return Only – amount previously paid	5	.00
6	Add lines 2 through 5	6	285,000 .00
7	Amended Return Only – amount previously refunded	7	207 .00
8	Subtract line 7 from 6	8	284,793 .00
9	Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow. ▶ ☐	9	.00
10	Other interest and penalty due	10	8700 .00
11	**Amount due.** If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed	11	108,907 .00
12	**Overpayment.** If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid	12	.00
13	Enter amount from line 12 you want credited on 2012 estimated withholding tax	13	2,000 .00
14	Subtract line 13 from line 12. **This is your refund**	14	.00

Part 1A: Additional Information Required for Tiered Entities

If the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employer identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.

Name	FEIN	Total Amount Withheld
Name	FEIN	Total Amount Withheld

I declare, under penalties of law, that this return is true, correct, and complete to the best of my knowledge and belief.

Preparer's Signature	Date
▶	

File this form electronically at www.revenue.wi.gov/eserv/pw/index.html or through the Federal/State E-Filing Program.

If you have obtained a waiver from electronic filing, mail completed form with payment to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991

IC-004i

Part 2: Nonresident Shareholder, Partner, Member, or Beneficiary Information

(Note: See instructions corresponding to each column letter)

If affidavit (Form PW-2) was filed by nonresident, columns E through H are not required.

Line	A. Nonresident's Name and Address	B. FEIN or SSN	C. Tax Form	D. Affidavit Filed	E. Share of Wisconsin Taxable Income	F. Gross Withholding	G. Share of Tax Credits	H. Withholding Tax Computed
a	Name DAVID BOXWOOD Address 348 NIXON CIR BOISE ID 83708	FEIN SSN 000 40 0001	ICNP	Yes ☐ No ☑	$ 1,241,935	$ 96,250	$	$ 96,250
b	Name JOSEPH PLUM Address 2894 N6352 SOUTH RENO NV 89510	FEIN SSN 00040 0002	ICNP	Yes ☐ No ☑	$ 1,241,935	$ 96,250	$	$ 96,250
c	Name TONY CYPRESS Address 4810 S19 WEST SAN FRAN CA 9404	FEIN SSN 000 40 0003	INNR	Yes ☑ No ☐	$	$	$	$
d	Name REDBIRD TREES 95813 Address 7272 W TRUMAN AVE SACRAMENTO CA	FEIN 69 4000004 SSN	3	Yes ☐ No ☑	$ 2,436,709	$ 192,500	$	$ 192,500
e	Name Address	FEIN SSN		Yes ☐ No ☐	$	$	$	$
f	Name Address	FEIN SSN		Yes ☐ No ☐	$	$	$	$
g	Name Address	FEIN SSN		Yes ☐ No ☐	$	$	$	$
h	Name Address	FEIN SSN		Yes ☐ No ☐	$	$	$	$
i	Name Address	FEIN SSN		Yes ☐ No ☐	$	$	$	$

15 Total withholding this page	$ 385,000
16 Number of additional pages included _____ . Total of line 15 amount from all additional pages	$
17 Total withholding tax computed. Add lines 15 and 16. Enter total on Part 1, line 1	$ 385,000