

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

**2007**

For 2007 or taxable year beginning                                         and ending                                        .

DO NOT STAPLE OR BIND

If this is an amended return, check here

**Part 1: Pass-Through Entity Information**

Name of Pass-Through Entity Withholding the Tax	Federal Employer ID Number	
Number and Street	For Estates Only: Decedent's Social Security Number	
City	State	ZIP Code
Person to Contact Regarding This Information	Telephone Number	

Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (*check one*)

5S     3     2

**NO COMMAS; NO CENTS**

1 Total pass-through income under Wisconsin law ( <i>see instructions</i> ) . . . . .	<b>1</b>	_____	<b>.00</b>
2 Total tax withheld (from Part 2, line 8) . . . . .	<b>2</b>	_____	<b>.00</b>
3 Interest due ( <i>see instructions</i> ) . . . . .	<b>3</b>	_____	<b>.00</b>
4 Total amount due . . . . .	<b>4</b>	_____	<b>.00</b>

**Additional Information Required for Tiered Entities:**

If the pass-through entity is claiming credit in Part 2, column G for tax withheld by one or more other pass-through entities, enter the name and federal employer identification number (FEIN) of the entity (or entities) which withheld the tax. Attach additional pages if necessary.

Name	FEIN
Name	FEIN
Name	FEIN

*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 <input type="checkbox"/>	Date
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File this form electronically at [www.revenue.wi.gov/eserv/pw/index.html](http://www.revenue.wi.gov/eserv/pw/index.html).

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

Wisconsin Department of Revenue  
PO Box 8932  
Madison, WI 53708-8932

For DOR purposes only



**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 and Tax Previously Withheld	H. Net Withholding Due
a	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
b	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
c	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
d	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
e	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
f	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
g	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
h	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
i	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
<b>5</b> Total withholding this page .....								\$
<b>6</b> Number of additional pages included _____. Total of line <b>5</b> amount from all additional pages .....								\$
<b>7</b> If this is an amended return, enter amount paid with the original return .....								\$
<b>8</b> Total income or franchise tax withheld. Add lines <b>5</b> and <b>6</b> , less line <b>7</b> . Enter total on Part 1, line 2 .....								\$