

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

2008

For 2008 or taxable year beginning and ending .

If this is an amended 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	
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

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)		NO COMMAS; NO CENTS
1 Total pass-through income under Wisconsin law (<i>see instructions</i>)	1	.00
2 Total tax withheld (from Part 2, line 8)	2	.00
3 Interest due (<i>see instructions</i>)	3	.00
4 Total amount due	4	.00

Additional Information Required for Tiered Entities:

If the pass-through entity is claiming credit in Part 2, item G2 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 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 8932
Madison, WI 53708-8932



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.

L i n e	A.	B.	C.	D.	E.	F.	G1. Share of Tax Credits	H.
	Nonresident's Name and Address	FEIN or SSN	Tax Form	Affidavit Filed	Share of Wisconsin Taxable Income	Gross Withholding	G2. Tax Withheld by Lower-Tier Entities	Net Withholding Due
a	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
b	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
c	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
d	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
e	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
f	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
g	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
h	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
i	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
5 Total withholding this page.								\$
6 Number of additional pages included _____. Total of line 5 amount from all additional pages								\$
7 If this is an amended return, enter amount paid with the original return.								\$
8 Total income or franchise tax withheld. Add lines 5 and 6 , less line 7 . Enter total on Part 1, line 2								\$