

For 2009 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 <b>Shoebill Unlimited</b>		Federal Employer ID Number <b>69-0000005</b>	
Number and Street <b>5551 Elliot Rd</b>	Suite/Unit	For Estates Only: Decedent's Social Security Number	
City <b>Salt Lake City</b>		State <b>UT</b>	ZIP Code <b>84101</b>
Person to Contact Regarding This Information		Telephone Number	

**A** Income of 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) ..... **3,962,514.00**

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

<b>1</b> Total withholding tax computed (from Part 2, line 14) . . . . .	<b>1</b>	<b>282,793.00</b>
<b>2</b> Estimated quarterly withholding tax payments (less Form 4466W refund, if any) . . . . .	<b>2</b>	<b>285,000.00</b>
<b>3</b> Tax withheld from lower-tier entities (Identify the lower-tier entities in Part 1A below). . . . .	<b>3</b>	<b>0.00</b>
<b>4</b> <b>AMENDED RETURN ONLY</b> - amount paid with original return . . . . .	<b>4</b>	<b>.00</b>
<b>5</b> Add lines 2, 3 and 4 . . . . .	<b>5</b>	<b>285,000.00</b>
<b>6</b> Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow. . . . . <input type="checkbox"/>	<b>6</b>	<b>.00</b>
<b>7</b> Other interest and penalty due . . . . .	<b>7</b>	<b>.00</b>
<b>8</b> <b>Amount due.</b> If the total of lines 1, 6 and 7 is greater than line 5, enter amount owed . . . . .	<b>8</b>	<b>.00</b>
<b>9</b> <b>Overpayment.</b> If line 5 is greater than the total of lines 1, 6 and 7, enter amount overpaid . . . . .	<b>9</b>	<b>2,207.00</b>
<b>10</b> Enter amount from line 9 you want credited on 2010 estimated withholding tax. . . . .	<b>10</b>	<b>0.00</b>
<b>11</b> Subtract line 10 from line 9. <b>This is your refund</b> . . . . .	<b>11</b>	<b>2,207.00</b>

### 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 and federal employer identification number (FEIN) of the entity (or entities) which withheld the tax. Attach additional pages if necessary.

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 	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) 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.  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	FEIN	1CNP	<input type="checkbox"/> Yes	\$ 763,587	\$ 59,178	\$ 0	\$ 59,178
	Address 348 Nixon Cir Boise ID 83708	SSN 000-40-0001		<input checked="" type="checkbox"/> No				
b	Name Joseph Plum	FEIN	1CNP	<input type="checkbox"/> Yes	\$ 763,587	\$ 59,178	\$ 0	\$ 59,178
	Address 2894 N 6352 South Reno NV 89510	SSN 000-40-0002		<input checked="" type="checkbox"/> No				
c	Name Tony Cypress	FEIN	1CNP	<input type="checkbox"/> Yes	\$ 763,587	\$ 59,178	\$ 0	\$ 59,178
	Address 4810 S 19 West San Fran CA 94104	SSN 000-40-0003		<input checked="" type="checkbox"/> No				
d	Name Redbird Trees	FEIN 69-4000004	3	<input type="checkbox"/> Yes	\$ 1,332,387	\$ 105,259	\$ 0	\$ 105,259
	Address 7272 W Truman Ave Sacramento CA 95813	SSN		<input checked="" 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				
12 Total withholding this page .....								\$ 282,793
13 Number of additional pages included _____. Total of line 12 amount from all additional pages .....								\$
14 Total withholding tax computed. Add lines 12 and 13. Enter total on Part 1, line 1 .....								\$ 282,793