

**Purpose of this form:** Nonresident entertainers performing in Wisconsin are subject to 6% withholding. Use this form for any withholding tax, cash deposit, or bond due. Complete Parts 1, 2, and 3.

**Part 1: Employer Information**

If this is an amended return, check here.

Name		Employer's FEIN or SSN
Address		Telephone number ____ - ____ - _____
City	State	ZIP code

**Part 2: Performance Information**

Performance begins                         and ends                        .

Performance Location  Check here if the performance location is the same as the employer's information above.

Venue name		
Address		
City	State	ZIP code

**A** Total contract price (from Part 3, line 11c) . . . . . **A** \_\_\_\_\_

**B** Total number of entertainers for this return . . . . . **B** \_\_\_\_\_

**1** Total nonresident entertainer withholding tax computed (from Part 3, line 11d) . . . . . **1** \_\_\_\_\_

**2** Total nonresident entertainer payment(s) submitted with this return (\$) . . . . . **2** \_\_\_\_\_

**Complete lines 3 through 8 if this is an amended return or refund request.**

**3** Amended return only - amount previously paid . . . . . **3** \_\_\_\_\_

**4** Add lines 2 and 3 . . . . . **4** \_\_\_\_\_

**5** Amended return only - amount previously refunded . . . . . **5** \_\_\_\_\_

**6** Subtract line 5 from line 4 . . . . . **6** \_\_\_\_\_

**7** **Amount due.** If line 1 is greater than line 6, subtract line 6 from line 1 . . . . . **7** \_\_\_\_\_

**8** **Overpayment to be refunded.** If line 6 is greater than line 1, subtract line 1 from line 6. . . . . **8** \_\_\_\_\_

**Third Party Designee** Do you want to allow another person to discuss this return with the department?  **Yes** Complete the following.  **No**

Print Designee's Name  Phone Number  Personal Identification Number (PIN)

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

Authorized signature <input type="text"/>	Date <input type="text"/>
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See instructions for filing methods.



**Part 3: Nonresident Entertainer Information**

A Entertainer Information			B Withholding %	C Total Contract Price *	D Withholding	
a	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
b	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
c	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
d	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
e	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
f	Stage name	FEIN	SSN	%	\$	
	Legal name	Withholding required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code			Entity type
	Address	Dates of performance From ___/___/_____ To ___/___/_____				
<b>9</b> Column totals this page .....				<b>9c</b>	<b>9d</b>	
<b>10</b> Number of additional pages included _____. Column total from all additional pages .....				<b>10c</b>	<b>10d</b>	
<b>11</b> Total contract price and withholding tax computed. Add lines 9 and 10 in columns C and D. Enter totals in Part 2 . . .				<b>11c</b>	<b>11d</b>	

\* Include amounts previously earned in this state by the entertainer during the same calendar year for which no bond or cash deposit has been filed or for which no Wisconsin income tax has been withheld to determine the total contract price.