

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

**2005**

For 2005 or taxable year beginning                     2 0 0 and ending                     2 0 0

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) <input type="checkbox"/> 5S <input type="checkbox"/> 3 <input type="checkbox"/> 2		

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

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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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)

Line	A. Nonresident's Name and Address	B. FEIN or SSN	C. Tax Form	D. Ownership or Profit/Loss %	E. Share of Wisconsin Taxable Income	F. Gross Withholding	G. Share of Tax Credits and/or Tax Previously Withheld	H. Net Withholding Due
a	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
b	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
c	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
d	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
e	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
f	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
g	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
h	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
i	Name	FEIN		%	\$	\$	\$	\$
	Address	SSN						
<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 .....								\$