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

2016

For 2016 or taxable year beginning _____ and ending _____ .
M M D D Y Y Y Y M M D D Y Y Y Y

If this is an amended return, check here ▶ ⌐ If this is a final 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	Suite/Unit	For Estates Only: Decedent's Social Security Number
City	State	ZIP Code (+ 4 digit suffix if known)
Person to Contact Regarding This Information		Telephone Number

A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): **A** ⌐ 5S ⌐ 3 ⌐ 2

B Total pass-through income under Wisconsin law *(see instructions)* . . . . **B** _____ .00

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

1	Total withholding tax computed (from Part 2, line 17)	**1**	_____ .00
2	Estimated quarterly withholding tax payments (less Form 4466W refund, if any)	**2**	_____ .00
3	Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.)	**3**	_____ .00
4	Enter total tax withheld by WT-11 filers	**4**	_____ .00
5	Amended Return Only – amount previously paid	**5**	_____ .00
6	Add lines 2 through 5	**6**	_____ .00
7	Amended Return Only – amount previously refunded	**7**	_____ .00
8	Subtract line 7 from 6	**8**	_____ .00
9	Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow . . . . ▶ ⌐	**9**	_____ .00
10	Other interest and penalty due	**10**	_____ .00
11	**Amount due.** If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed	**11**	_____ .00
12	**Overpayment.** If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid	**12**	_____ .00
13	Enter amount from line 12 you want credited on 2017 estimated withholding tax	**13**	_____ .00
14	Subtract line 13 from line 12. **This is your refund**	**14**	_____ .00

Part 1A: Additional Information Required for Tiered Entities

If the pass-through entity is claiming credit on line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employer identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.

Name	FEIN	Total Amount Withheld
Name	FEIN	Total Amount Withheld

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 return is true, correct, and complete to the best of my knowledge and belief.

▶ Preparer's Signature	Date

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 8991
Madison WI 53708-8991

IC-004

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	H. Withholding Tax Computed
a	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
b	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
c	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
d	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
e	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
f	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
g	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
h	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$
i	Name / Address	FEIN / SSN		⌐ Yes ⌐ No	$	$	$	$

Total Wisconsin income (add lines a through i) . . . . $

15 Total withholding this page . . . . $

16 Number of additional pages included _____ . Total of line **15** amount from all additional pages . . . . $

17 Total withholding tax computed. Add lines **15** and **16**. Enter total on Part 1, line 1 . . . . $

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