

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

2016

For 2016 or taxable year beginning      M      M      D      D      Y      Y      Y      Y and ending      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 <input type="checkbox"/>	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 <input type="text"/>	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 8991  
Madison WI 53708-8991



**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	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
b	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
c	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
d	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input 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				
<b>Total Wisconsin income</b> (add lines a through i) .....					\$			
<b>15</b> Total withholding this page .....								\$
<b>16</b> Number of additional pages included _____. Total of line <b>15</b> amount from all additional pages .....								\$
<b>17</b> Total withholding tax computed. Add lines <b>15</b> and <b>16</b> . Enter total on Part 1, line 1 .....								\$