

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.	B.	C.	D.	E.	F.	G1. Share of Tax Credits	H.
	Nonresident's Name and Address	FEIN or SSN	Tax Form	Affidavit Filed	Share of Wisconsin Taxable Income	Gross Withholding	G2. Tax Withheld by Lower-Tier Entities	Net Withholding Due
a	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
b	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
c	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
d	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
e	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
f	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
g	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
h	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
i	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	G1	\$
	Address	SSN		<input type="checkbox"/> No			G2	
5 Total withholding this page.								\$
6 Number of additional pages included _____. Total of line 5 amount from all additional pages								\$
7 If this is an amended return, enter amount paid with the original return.								\$
8 Total income or franchise tax withheld. Add lines 5 and 6 , less line 7 . Enter total on Part 1, line 2								\$