2008

For 2008 or taxable year beginning ${M}$ ${M}$ ${D}$ ${D}$ ${Y}$ ${Y}$ ${Y}$ and ending ${M}$ ${M}$ ${D}$	DYYYY					
If this is an amended return, check here						
Part 1: Pass-Through Entity Information						
Name of Pass-Through Entity Withholding the Tax	loyer ID Number					
Number and Street	s 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-th	nrough entity for	this period (check one)				
ENTER NEGATIVE NUMBERS LIKE THIS $\rightarrow$ -1000 NOT LIKE THIS	S → (1000)	NO COMMAS; NO CENTS				
$\begin{tabular}{ll} \bf 1 & Total pass-through income under Wisconsin law {\it (see instructions)}. \end{tabular}$		1				
<b>2</b> Total tax withheld (from Part 2, line 8)		2				
3 Interest due (see instructions)		3				
4 Total amount due		4				
Additional Information Required for Tiered Entities:						
If the pass-through entity is claiming credit in Part 2, item G2 for tax with enter the name and federal employer identification number (FEIN) of the additional pages if necessary.						
Name		FEIN				
Name		FEIN				
Name		FEIN				
I declare, under penalties of law, that this return is true, correct, and complete to the Preparer's Signature	ne best of my kno	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 8932 Madison, WI 53708-8932



## 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.

	A.	B.	C.	D.	E.	F.	G1. Share of Tax Credits	H.	
i n e	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	
	Name	FEIN		Yes			G1		
а	Address	SSN		No	\$	\$	G2	- \$	
	Name	FEIN		Yes			G1		
b	Address	SSN		No	\$	\$	G2	- \$	
	Name	FEIN		Yes			G1		
С	Address	SSN	_	No	\$	\$	G2	\$	
	Name	FEIN		Yes	Yes			G1	
d	Address	SSN		No	\$	\$	G2	- \$	
	Name	FEIN		Yes			G1		
е	Address	SSN	-	No	\$	\$	G2	- \$	
	Name	FEIN		Yes	\$	\$	G1		
f	Address	SSN		No			G2	- \$	
	Name	FEIN		Yes			G1		
g	Address	SSN	-	No	\$	\$	G2	- \$	
	Name	FEIN		Yes			G1		
h	Address	SSN	-	No	\$	\$	G2	- \$	
	Name	FEIN		Yes			G1		
i	Address	SSN		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								