

For 2009 or taxable year beginning and ending

If this is an amended 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
Person to Contact Regarding This Information		Telephone Number	
A Income of 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			
B Total pass-through income under Wisconsin law (see instructions)00

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 <u>NOT</u> LIKE THIS → (1000)		NO COMMAS; NO CENTS
1 Total withholding tax computed (from Part 2, line 14)	1	.00
2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any)	2	.00
3 Tax withheld by lower-tier entities (Identify the lower-tier entities in Part 1A below)	3	.00
4 AMENDED RETURN ONLY - amount paid with original return	4	.00
5 Add lines 2, 3 and 4	5	.00
6 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"/>	6	.00
7 Other interest and penalty due	7	.00
8 Amount due. If the total of lines 1, 6 and 7 is greater than line 5, enter amount owed	8	.00
9 Overpayment. If line 5 is greater than the total of lines 1, 6 and 7, enter amount overpaid	9	.00
10 Enter amount from line 9 you want credited on 2010 estimated withholding tax.	10	.00
11 Subtract line 10 from line 9. This is your refund	11	.00

Part 1A: Additional Information Required for Tiered Entities

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

Name	FEIN
Name	FEIN

I declare, under penalties of law, that this return is true, correct, and complete to the best of my knowledge and belief.

<input type="checkbox"/> Preparer's Signature	Date
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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.

L i n e	A.	B.	C.	D.	E.	F.	G.	H.
	Nonresident's Name and Address	FEIN or SSN	Tax Form	Affidavit Filed	Share of Wisconsin Taxable Income	Gross Withholding	Share of Tax Credits	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				
12 Total withholding this page								\$
13 Number of additional pages included _____. Total of line 12 amount from all additional pages								\$
14 Total withholding tax computed. Add lines 12 and 13 . Enter total on Part 1, line 1								\$