

Form

# PW-1

## Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income

# 2010

For 2010 or taxable year beginning        and ending

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
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):  5S  3  2

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

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

1 Total withholding tax computed (from Part 2, line 15) .....	<b>1</b>	<input type="text"/> .00
2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any) .....	<b>2</b>	<input type="text"/> .00
3 Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.)	<b>3</b>	<input type="text"/> .00
4 Enter total tax withheld by WT-11 filers .....	<b>4</b>	<input type="text"/> .00
5 <b>AMENDED RETURN ONLY</b> - amount paid with original return .....	<b>5</b>	<input type="text"/> .00
6 Add lines 2, 3, 4 and 5 .....	<b>6</b>	<input type="text"/> .00
7 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"/>	<b>7</b>	<input type="text"/> .00
8 Other interest and penalty due .....	<b>8</b>	<input type="text"/> .00
9 <b>Amount due.</b> If the total of lines 1, 7 and 8 is greater than line 6, enter amount owed. ....	<b>9</b>	<input type="text"/> .00
10 <b>Overpayment.</b> If line 6 is greater than the total of lines 1, 7 and 8, enter amount overpaid .....	<b>10</b>	<input type="text"/> .00
11 Enter amount from line 10 you want credited on 2011 estimated withholding tax .....	<b>11</b>	<input type="text"/> .00
12 Subtract line 11 from line 10. <b>This is your refund</b> .....	<b>12</b>	<input type="text"/> .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, 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

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 style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
---	---

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.

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				
<b>13</b> Total withholding this page .....								\$
<b>14</b> Number of additional pages included _____. Total of line <b>13</b> amount from all additional pages .....								\$
<b>15</b> Total withholding tax computed. Add lines <b>13</b> and <b>14</b> . Enter total on Part 1, line 1 .....								\$