

**Note:** This form is due within one month or two months after the close of the pass-through entity's taxable year. See instructions for details.

**Part 1: Information for Department of Revenue**

**Pass-Through Entity Information**

Pass-Through Entity Name		Entity's Identification Number FEIN _____ or SSN _____	
Number and Street		WI TAN	
City	State	ZIP (+ 4 digit suffix if known)	
This pass-through entity files as a ( <i>check one</i> ): <input type="checkbox"/> Partnership <input type="checkbox"/> Tax-option (S) Corporation <input type="checkbox"/> Estate or Trust			Last Day of Entity's Taxable Year _____ M _____ D _____ Y _____ Y _____ Y _____ Y

**Reporting Entity** (if nonresident is a disregarded entity, grantor trust, or combined return filer).

Taxpayer Name		Taxpayer's Identification Number (Enter one) SSN _____ FEIN _____	
<input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Combined Return Filer			

**Nonresident Information**

Taxpayer Name			Taxpayer's Identification Number (Enter one) SSN _____ FEIN _____		
Number and Street			City		
State	ZIP (+ 4 digit suffix if known)	Person to Contact Regarding This Information		Telephone Number	
Form that you will use to report your income or franchise tax for this period ( <i>check one</i> ): <input type="checkbox"/> 1NPR <input type="checkbox"/> 1CNP <input type="checkbox"/> 1CNS <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4T <input type="checkbox"/> 5S <input type="checkbox"/> 6					

**Required Information**

Amount of WI income from the pass-through entity: _____ .00	Nonresident's Last Day of 2017 Taxable Year _____ M _____ D _____ Y _____ Y _____ Y _____ Y
Amount of WI credits from the pass-through entity: _____ .00	

**Reason for Exemption** (*check all that apply or attach an explanation*):

1.  I have paid or carried forward Wisconsin estimated tax payments applicable to this period, in the total amount of \_\_\_\_\_ . If this amount is less than the amount of tax (after credits) attributable to income from the pass-through entity, an explanation of the difference is attached. (*Attach explanation.*)

I have one or more of the following losses which can be used to offset my income from this pass through entity. (Attach additional sheets if necessary). The losses change my total Wisconsin income/tax liability in the current year from the pass through entity **and** I have filed Wisconsin income or franchise tax returns in each year that produced the carry forward.

2.  Net Wisconsin source operating loss carryforward:  
Name: \_\_\_\_\_  
Source: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Amount: \_\_\_\_\_ .00

3.  Wisconsin credit and credit carryforwards from other sources in the current taxable year that exceed my total liability before credits.

4.  The nonresident filing this affidavit is itself a pass-through entity, and will withhold taxes on all income allocable to its nonresident partners, members, shareholders, or beneficiaries, unless an exemption applies. Please provide the name and FEIN number of the entity(s) who will make the payment. (*Attach additional sheets if necessary.*)

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

