2017

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		WITAN	
City	State	ZIP (+ 4 digit suffix if known)	
This pass-through entity files as a (check one):		Last Day of Entity's Taxable Year	
Partnership Tax-option (S) Corporation Estate or Trust		M M D D Y Y Y Y	
Reporting Entity (if nonresident is a disregarded entity, grantor trust, o	or combined ret		
Taxpayer Name	Taxpayer's Identification Number (Enter one) SSN FEIN		
Disregarded Entity Grantor Trust Combined	TEIN		
	Trotain i iioi		
Nonresident Information			
Taxpayer Name		Taxpayer's Identification Number (Enter one)	
		SSNFEIN	
Number and Street		City	
State ZIP (+ 4 digit suffix if known) Person to Contact Regarding This Information	ation	Telephone Number	
Form that you will use to report your income or franchise tax for the	nis nerind <i>(che</i>	ack one).	
1NPR1CNP1CNS2	-		
	3	4 4T 5S 6	
Required Information			
Amount of WI income from the pass-through entity:	.00	Nonresident's Last Day of 2017 Taxable Year	
Amount of WI credits from the pass-through entity:	.00	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y}	
Reason for Exemption (check all that apply or attach an explanate	ion):		
1 I have paid or carried forward Wisconsin estimated tax pay If this amount is less than the	ments applica	able to this period, in the total amount of	
through entity, an explanation of the difference is attached.	(Attach expla	nation.)	
I have one or more of the following losses which can be us additional sheets if necessary). The losses change my tota through entity and I have filed Wisconsin income or franchi	ıl Wisconsin ir	ncome/tax liability in the current year from the pass	
2 Net Wisconsin source operating loss carryforward: Name:		3. Wisconsin credit and credit carryforwards from other sources in the current taxable year that exceed my total liability before credits.	
Source:	lia		
FEIN:			
Amount:00			
The nonresident filing this affidavit is itself a pass-through of dent partners, members, shareholders, or beneficiaries, un number of the entity(s) who will make the payment. (Attach	lless an exem	ption applies. Please provide the name and FEIN	
Name:		FINI:	

Part 2

2017

Part 2: Information for Department of Revenue and Pass-Through Entity

Agreement	to File, Routing, Declaration, and S	Signature			
l,, as a nonresident partner, member, shareholder, or beneficiary of the					
pass-through entity , request this pass-through entity to be exempt from the Wisconsin income or franchise tax withholding requirement found in sec. 71.775, Wis. Stats., for my tax year ending					
	·	g requirement tourid in sec	. 11.115, WIS. Stats., 101	iny lax year ending	
	nis affidavit I agree to timely file a Wis e subject to the personal jurisdiction o				
	, and the courts of this state for the p				
	x payments, together with any interes				
Third	Do you want to allow another person to discuss	s this return with the department?	Yes Complete the follow	ring. No	
Party	Designee's Phone		Personal identification		
Designee	name	no. 🕨 ()	number (PIN)		
Taxpayer's Signa		Title (if applicable)		Date	
The Departm	ent will return this form by mail. Enter	address information below	. Please type or print legil	bly.	
To Attention	n of				
Company N	lame (if applicable)				
Number and	d Street				
City	State ZIF	² Code			
Approval by	Department of Revenue				
Approve	d for 2017 Taxable Year	ot ApprovedReview	ver's Initials	 Date	
Send Parts	1 and 2 of this form to the Wiscons	sin Department of Reven	ue at:		
_		•			

Fax: (Use cover page provided with instructions)

Mail: Wisconsin Department of Revenue

BTS/PTE, Mail Stop 6-81

PO Box 8958

Madison, WI 53708-8958

The Department will return Part 2 of Form PW-2 to you within approximately 30 days of receiving it. If the Department has approved Form PW-2, provide this page to the pass-through entity. The pass-through entity must keep a copy of this page for its records as documentation showing why it did not pay withholding tax on your behalf.