

Form **PW-1** Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income

2018

For 2018 or taxable year beginning and ending

If this is an amended return, include Schedule AR and 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 (+ 4 digit suffix if known) |
| Person to Contact Regarding This Information | | Telephone Number | |

A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): **A** 5S 3 2

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

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

| | | | |
|--|-----------|--|-----|
| 1 Total withholding tax computed (from Part 2, line 17) | 1 | | .00 |
| 2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any) | 2 | | .00 |
| 3 Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.) | 3 | | .00 |
| 4 Enter total tax withheld by WT-11 filers | 4 | | .00 |
| 5 Amended Return Only – amount previously paid | 5 | | .00 |
| 6 Add lines 2 through 5 | 6 | | .00 |
| 7 Amended Return Only – amount previously refunded | 7 | | .00 |
| 8 Subtract line 7 from 6 | 8 | | .00 |
| 9 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"/> | 9 | | .00 |
| 10 Other interest and penalty due | 10 | | .00 |
| 11 Amount due. If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed | 11 | | .00 |
| 12 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid | 12 | | .00 |
| 13 Enter amount from line 12 you want credited on 2019 estimated withholding tax | 13 | | .00 |
| 14 Subtract line 13 from line 12. This is your refund. | 14 | | .00 |

Part 1A: Additional Information Required for Tiered Entities

If the pass-through entity is claiming credit on 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 |
| | | |

Third Party Designee Do you want to allow another person to discuss this return with the department? **Yes** Complete the following. **No**

Print Designee's Name Phone Number Personal Identification Number (PIN)

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 type="text"/> | Date <input type="text"/> |
|---|---------------------------|

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 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.

| Line | A. Nonresident's Name and Address | B. FEIN or SSN | C. Tax Form | D. Affidavit Filed | E. Share of Wisconsin Taxable Income | F. Gross Withholding | G. Share of Tax Credits | H. 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 | | | | |
| Total Wisconsin income (add lines a through i) | | | | | \$ | | | |
| 15 Total withholding this page | | | | | | | | \$ |
| 16 Number of additional pages included _____. Total of line 15 amount from all additional pages | | | | | | | | \$ |
| 17 Total withholding tax computed. Add lines 15 and 16 . Enter total on Part 1, line 1 | | | | | | | | \$ |