

# **Due Date Update:**

The due dates for filing and making payments for certain 2019 pass-through withholding tax returns have changed, including due dates for certain estimated tax payments for tax year 2020. The due dates on this form may not reflect the new due dates. For information on the new filing and payment due dates, see the article [Wisconsin Tax Return Due Dates and Payments](#).

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

**2019**

For 2019 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

**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	

<b>A</b> Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): <b>A</b> <input type="checkbox"/> 5S <input type="checkbox"/> 3 <input type="checkbox"/> 2	
<b>B</b> Election to pay tax at the entity level (see instructions) . . . . . <b>B</b> <input type="checkbox"/>	
<b>C</b> Total pass-through income under Wisconsin law (see instructions) . . . . . <b>C</b>	.00
<b>D</b> Amount included in Item C that was taxed by a lower-tier entity (see instructions) . . . . . <b>D</b>	.00
<b>E</b> Subtract Item D from Item C. If the result is less than 0, fill in 0 . . . . . <b>E</b>	.00

**ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)**

<b>1</b> Total withholding tax computed (from Part 2, line 17) . . . . . <b>1</b>	.00
<b>2</b> Estimated quarterly withholding tax payments (less Form 4466W refund, if any) . . . . . <b>2</b>	.00
<b>3</b> Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.) . . . . . <b>3</b>	.00
<b>4</b> Enter total tax withheld by WT-11 filers . . . . . <b>4</b>	.00
<b>5</b> Amended Return Only – amount previously paid . . . . . <b>5</b>	.00
<b>6</b> Add lines 2 through 5 . . . . . <b>6</b>	.00
<b>7</b> Amended Return Only – amount previously refunded . . . . . <b>7</b>	.00
<b>8</b> Subtract line 7 from 6 . . . . . <b>8</b>	.00
<b>9</b> 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>9</b>	.00
<b>10</b> Other interest and penalty due . . . . . <b>10</b>	.00
<b>11</b> <b>Amount due.</b> If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed . . . . . <b>11</b>	.00
<b>12</b> <b>Overpayment.</b> If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid . . . . . <b>12</b>	.00
<b>13</b> Enter amount from line 12 you want credited on 2020 estimated withholding tax . . . . . <b>13</b>	.00
<b>14</b> Subtract line 13 from line 12. <b>This is your refund.</b> . . . . . <b>14</b>	.00

**Part 1A: Additional Information Required for Tiered Entities (see instructions)**

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="checkbox"/>	Date
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File this form electronically through My Tax Account or through the Federal/State E-filing Program.

**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				
<b>Total Wisconsin income</b> (add lines a through i) .....					\$			
<b>15</b> Total withholding this page .....								\$
<b>16</b> Number of additional pages included _____. Total of line <b>15</b> amount from all additional pages .....								\$
<b>17</b> Total withholding tax computed. Add lines <b>15</b> and <b>16</b> . Enter total on Part 1, line 1 .....								\$