

Purpose of this form: A nonresident entertainers payment for performing in Wisconsin may be subject to 6% nonresident entertainer withholding. This form is used to request a lower withholding rate.

Part 1: Entertainer Information

Stage name		Entertainer's FEIN or SSN
Legal name		Last day of the entity's taxable year
Address		M M D D Y Y Y Y
City	State	ZIP code
Entity type	Disregarded entities and combined return filers: please specify the FEIN or SSN of the entity reporting your income. ▶	FEIN or SSN

Part 2: Employer Information

Name		
Address		
City	State	ZIP code

Part 3: Performance Information

Performance begins and ends .

Performance Location Check here if the performance location is the same as the employer's information above.

Venue name		
Address		
City	State	ZIP code

- 1** Total contract price **1** _____
- 2** Total itemized expenses (attach Schedule IE) **2** _____
- 3** Subtract line 2 from line 1. If line 2 is greater than line 1, skip to line 6 and enter 1.0% . . . **3** _____
- 4** Multiply line 3 by .06 **4** _____
- 5** Divide line 4 by line 1. Round to three decimals **5** .
- 6** Multiply line 5 by 100. This is your lower withholding rate **6** . %



Part 4: Nonresident Entertainer Entity Questions

Please answer all of the following questions:

1 In the past four years, has this nonresident entertainer performed in the state of Wisconsin under a different name and/or entity ID number than listed in part 1? **1** **Yes** If yes, enter below. ▼ **No**

Previous entity name	FEIN or SSN
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Previous entity name	FEIN or SSN
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2 Is the nonresident entertainer a tax exempt organization with current 501(c)3 status with the Internal Revenue Service? **2** **Yes** If yes, attach a copy of the IRS 501(c)3 letter. **No**

3 Is the nonresident entertainer requesting a withholding waiver? If the entertainer's total accumulative contract price for performing in Wisconsin is less than \$7,000 this year, **attach a copy of the performance contract(s)** **3** **Yes** If yes, attach a copy of the performance contract(s), if required as described. **No**

Part 5: Declaration, Signature, and Routing

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

Designee's Name Print ▶ _____ Phone number ▼ _____ Personal Identification Number (PIN) ▼ _____

I declare that the information provided in this affidavit is complete and accurate.

Authorized signature ▶	Date
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We will mail the determination to the entertainer. As a courtesy, if a lower rate is granted, we will also send a copy to the WT-11 preparer. Specify the preparer's address by selecting one of the boxes below. If this section is left blank, no copy will be sent.

Send a copy of the department's determination to (select one):

Employer address in Part 2 Performance address in Part 3 Other address (enter below) ▼

Name		
Address		
City	State	ZIP code

Mail this form to the Wisconsin Department of Revenue at:

Wisconsin Department of Revenue
PO Box 8966
Madison, WI 53708-8966

The Department will review your request and respond within approximately three to four weeks.

