

Purpose of this form: A nonresident entertainer's 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: fill in 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 from Schedule IE, line 19. **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

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.



Schedule IE: Statement of Necessary Business Expenses Related to Performance

Itemized Expenses

1	Advertising	1	.00
2	Agent/Manager fees or commissions	2	.00
3	Communication/media	3	.00
4	Contracted labor	4	.00
5	Contracted services	5	.00
6	Insurance	6	.00
7	Interest expense	7	.00
8	Legal and professional services	8	.00
9	Lodging	9	.00
10	Materials and supplies	10	.00
11	Meals and entertainment	11	.00
12	Office expense	12	.00
13	Payroll (wage expense)	13	.00
14	Rent or lease expense	14	.00
15	Repairs and maintenance	15	.00
16	Travel (one-way-in)	16	.00
17	Transportation (one-way-in)	17	.00
18	Other (specify below)		
	a _____		.00
	b _____		.00
	c _____		.00
	d _____		.00
	e _____		.00
	f _____		.00
	g _____		.00
	h _____		.00
	i Total other expenses	18i	.00
19	Total itemized expenses (enter on Part 3, line 2)	19	.00