Form **WT-7**

Wisconsin
Department of Revenue

EMPLOYERS
ANNUAL RECONCILIATION
of Wisconsin Income Tax Withheld
Electronic Filing Required

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Tax Account Number

☐ Check here if this is an **AMENDED** return

    ☐ Check here if W-2c is included

☐ Check if address changed

☐ Check if business discontinued (enter discontinuation date below)

_____
(MM DD YYYY)

DUE DATE:

Federal Employer Identification Number

Please complete this form if you have an active account even if you did not have employees this year.

Print numbers like this → 0 1 2 3 4 5 6 7 8 9	Not like this → Ø 1 4 7	**NO COMMAS**

1. Enter the number of employee W-2s . . . . **1** _____

2. Enter the number of 1099-MISCs/NECs . . . . **2** _____

3. Enter the number of other informational returns . . . . **3** _____

4. Total (Add lines 1, 2, and 3) . . . . **4** _____

5. Total Wisconsin tax withheld shown on W-2s and other information returns . . . . **5** _____

6. Wisconsin tax withheld according to payroll records for:
   a. Quarter ended March 31 (Months of Jan, Feb, Mar) . . . . 1st Qtr **6a** _____
   b. Quarter ended June 30 (Months of Apr, May, June) . . . . .2nd Qtr **6b** _____
   c. Quarter ended September 30 (Months of July, Aug, Sept) . . . . .3rd Qtr **6c** _____
   d. Quarter ended December 31 (Months of Oct, Nov, Dec) .4th Qtr **6d** _____
   e. Total (Add lines 6a, 6b, 6c, and 6d) . . . . TOTAL **6e** _____

7. Enter the amount from line 5 or 6e. If the amounts are not equal, enter the larger amount . **7** _____

8. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) . . . . **8** _____

9. If line 7 is more than line 8, enter the difference on line 9. This is the TAX AMOUNT DUE **9** _____

10. If line 8 is more than line 7, enter the difference as the amount OVERPAID . . . . **10** _____

    NOTE: If you are an annual filer, payment should accompany this form.

This form must be filed **ELECTRONICALLY**, unless a waiver is approved by the department. See instructions.

Phone: (608) 266-2776
Email: dorwithholdingtax@wisconsin.gov
Website: revenue.wi.gov

I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.

Contact Person *(please print clearly)*	Signature	Phone Number	Date

W-107 (R. 9-21)