

**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

See instructions for filing methods.

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

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