

2025

For calen	dar year 2025 or tax year beginning M D 2 2 Y	$\frac{2}{Y} \cdot \frac{2}{Y} \cdot \frac{5}{Y}$ and ending ${M} \cdot {M} \cdot {D}$	2_0	y	
If this is a	an amended return, include Schedule AR and check he			eturn, check here	
Part 1:	Pass-Through Entity Information				
Person to	Contact Regarding This Information	Telephone Num	phone Number		
Name of F	Pass-Through Entity Withholding the Tax	Federal Employ	Federal Employer ID Number		
Number a	nd Street	For Estates Only: Decedent's Social Security Number			
City			State	ZIP Code (+ 4 digit suffix if known)	
A Incon	ne or franchise tax form number filed (or to be filed) by	y the pass-through entity for this	period (check on	e): A 5S 3 2	
B Electi	on to pay tax at the entity level (see instructions)			. В	
C Total	pass-through income under Wisconsin law (see instr	ructions)	C	.00	
D Amou	int included in Item C that was taxed by a lower-tier e	entity (see instructions)	D	.00	
E Subtr	act Item D from Item C. If the result is less than 0, fill	I in 0	E	.00	
1 Tota	Il withholding tax computed (from Part 2, line 17)		1	.00	
2 Esti	mated quarterly withholding tax payments (less For	2			
3 Ente	r total tax withheld by lower-tier entities from Part 1A (Ide	entify lower-tier entities in Part 1A be	elow.) 3		
4 Ente	er total tax withheld by WT-11 filers		4		
5 Ame	ended Return Only – amount previously paid		5		
6 Add	lines 2 through 5		6		
7 Ame	ended Return Only – amount previously refunded .		7		
8 Sub	tract line 7 from 6		8	00	
	erpayment interest due. Fill in exemption code (if a				
	instructions				
	er interest and penalty due (from Form PW-U, line 2	·		.00	
11 Am	ount due. If the total of lines 1, 9 and 10 is greater	than line 8, enter amount owed	11	.00	
	rpayment. If line 8 is greater than the total of lines rpaid		12	.00	
13 Ente	er amount from line 12 you want credited on 2026 e	estimated withholding tax	13	.00	
14 Sub	tract line 13 from line 12. This is your refund		14	.00	
	Additional Information Required for Tiered Ent				
Name		FEIN		Total Amount Withheld	
Name		FEIN		Total Amount Withheld	
Ivamo		I LIIV		Total / Williams	
Third	Do you want to allow another person to discuss this	s return with the department?	Yes Complet	re the following. No	
Party Desigr	Print Designee's Name	Phone Number	▼ F	Personal Identification Number (PIN) ————————————————————————————————————	
	under penalties of law, that this return is true, correct, a	and complete to the best of my kno			
Prepare	er's Signature			Date	

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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.

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	A.	B.	C.	D.	E.	F.	G.	H.	
L i n e	Nonresident's Name and Address	FEIN or SSN	Tax Form	Affidavit Filed	Share of Wisconsin Taxable Income	Gross Withholding	Share of Tax Credits	Withholding Tax Computed	
а	Name	FEIN		Yes	\$	\$	\$	\$	
	Address	SSN		No					
b	Name	FEIN		∟ Yes		\$	\$	\$	
	Address	SSN		No	\$				
С	Name	FEIN		Yes		\$	\$	\$	
	Address	SSN		No	\$				
	Name	FEIN		Yes	\$	\$	\$	\$	
d	Address	SSN		No					
е	Name	FEIN		Yes	\$	\$	\$	\$	
	Address	SSN		No					
f	Name	FEIN		Yes	\$	\$	\$	\$	
	Address	SSN							
g	Name	FEIN		Yes	\$	\$	\$	\$	
	Address	SSN		No					
h	Name	FEIN		Yes	S	\$	\$	\$	
	Address	SSN							
i	Name	FEIN		Yes	1 35	\$	\$	\$	
	Address	SSN		No					
Total Wisconsin income (add lines a through i)									
15 Total withholding this page									
16 Number of additional pages included Total of line 15 amount from all additional pages									
17 Total withholding tax computed. Add lines 15 and 16. Enter total on Part 1, line 1									