

Form PW-2 is filed by nonresident owners (partners, members, shareholders, or beneficiaries) to request an exemption from withholding on income from a pass-through entity. If approved, the nonresident owner is responsible for notifying the pass-through entity about the exemption.

Caution: A pass-through entity may not file Form PW-2 on behalf of its owners, and it is required to withhold until it receives an approved Form PW-2 from the owner.

Due Date: One month after the close of a tax-option (S) corporation's or partnership's taxable year. Two months after the close of an estate's or trust's taxable year. Any Form PW-2 that is filed after the due date will not be accepted.

Part 1: Information about Nonresident Owner Requesting Exemption

INDIVIDUALS AND ESTATES ONLY - Nonresident Owner's Name (Last, First, M.I.)		Nonresident Owner's SSN
ALL OTHER OWNERS - Nonresident Owner's Name		Nonresident Owner's FEIN
Address		Last day of the Owner's Taxable Year
City	State	Zip Code
<i>Check the appropriate box to indicate what type of taxpayer you are: (see instructions)</i> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Tax-Option (S) Corporation <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded Entity: Owner's Name: _____ Owner's SSN or FEIN: _____ <input type="checkbox"/> Other. Describe: _____		
<i>Check the appropriate box to indicate what form will be used to report your Wisconsin source income: (see instructions)</i> <input type="checkbox"/> Form 1NPR <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3 <input type="checkbox"/> Form 4 <input type="checkbox"/> Form 4T <input type="checkbox"/> Form 5S <input type="checkbox"/> Form 6 If you are a grantor trust, a member of a combined return, or a disregarded entity, you must provide the name and SSN/FEIN of the reporting taxpayer: Name: _____ SSN or FEIN: _____		

Part 2: Agreement to File

I, _____, as a nonresident partner, member, shareholder, or beneficiary of the pass-through entity or entities provided in Part 3, request that each pass-through entity provided in Part 3 be exempt from the Wisconsin income or franchise tax withholding requirement in sec. 71.775, Wis. Stats., for the tax year provided in Part 3.

By signing this affidavit I agree to timely file a Wisconsin income or franchise tax return for the tax year provided in Part 1. I agree to be subject to the personal jurisdiction of the Wisconsin Department of Revenue, the Wisconsin Tax Appeals Commission, and the courts of this state for the purpose of determining and collecting any Wisconsin taxes, including estimated tax payments, together with any interest and penalties. I agree to provide a copy of the approved Form PW-2 and any response letters received from the Wisconsin Department of Revenue to the pass-through entity or entities provided in Part 3 for which I am claiming the withholding exemption.

**Third
Party
Designee**

Do you want to allow another person to discuss this return with the department? ☐ **Yes** Complete the following. ☐ **No**

Print Designee's Name Phone Number Personal Identification Number (PIN)

I declare that the information provided in this affidavit is complete and accurate, and that I meet all requirements of the exemption(s) checked in Part 5. I understand that the department will notify me of the approval or denial of this affidavit. I further understand that the approval or denial of this affidavit does not constitute an audit by the department and may not be appealed.

Nonresident Owner's Signature	Title (If Applicable)	Date
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Part 3: Information about Pass-Through Entity from which Nonresident Owner Received Pass-Through Income

Note: If you (nonresident owner) are requesting a pass-through withholding exemption for more than one pass-through entity, complete a separate Part 3, Part 4, and Part 5 for each pass-through entity and include it with the Form PW-2. (see instructions)

Indicate the number of pass-through entities for which you are requesting the exemption: _____

Pass-Through Entity's Name		Pass-Through Entity's FEIN or SSN
Address		Pass-Through Entity's Last Day of Taxable Year
City	State	Zip Code
<p><i>Check the appropriate box to indicate the type of pass-through entity:</i></p> <p><input type="checkbox"/> Tax Option (S) Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate or Trust</p>		

Part 4: Nonresident Owner's Distributive Share of Wisconsin Income and Credits from Pass-Through Entity

Amount of Wisconsin income from the pass-through entity00

Amount of Wisconsin credits from the pass-through entity00

Caution: Nonresident owners with less than \$2,000 of Wisconsin source income from a pass-through entity should not file Form PW-2 because the pass-through entity is already exempt from withholding on behalf of such nonresident owner.

Part 5: Reason for Exemption (check all that apply)

- ☐ 1. You made estimated payments (or applied an overpayment from the prior tax year).

Amount of your estimated payments including overpayments applied from the prior tax year00

Caution: if your estimated payments were not sufficient to cover the income that will be allocated to you from the pass-through entity (after accounting for credits from the pass-through entity), include an explanation of the reason why you believe these estimated payments are sufficient. For example, you may have a loss from another activity that partially offsets your income from the pass-through entity.

- ☐ 2. You have a Wisconsin source net operating or business loss carryforward which exceeds the amount of Wisconsin income that will be allocated to you from the pass-through entity. **Caution:** Do not check this box unless you have filed Wisconsin income or franchise tax returns for each year of losses that produced the loss carryforward.

Amount of your Wisconsin source net operating or business loss carryforward00

- ☐ 3. You have Wisconsin credits or credit carryforwards from other activities in the current taxable year which exceed the tax (before credits) attributable to your total Wisconsin income from the pass-through entity.

Credit Name: _____ Amount: .00 SSN or FEIN of Source: _____

If you have more than one credit, include a schedule detailing the name and amount of each credit, and provide the identification number of the source (if applicable).

- ☐ 4. Other (include an explanation)

Explanation of the Reason for Exemption

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See instructions for filing methods.