Save Print Clear

Form **WT-7**

Wisconsin
Department of Revenue

EMPLOYERS ANNUAL RECONCILIATION of Wisconsin Income Tax Withheld

Electronic Filing Required

2026 << If not 2026, change year

WT-7 must be completed for ALL active withholding accounts*

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

Please enter 15-digit number (NO DASHES)

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: February 1, 2027

Normally due January 31 following the calendar year. DUE WITHIN 30 DAYS of account cease date, if withholding account is closed prior to December 31.

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

Please enter 9-digit number (NO DASH)

Federal Employer Identification Number

Print numbers like this → 0123456789 **Not like this →** Ø147 **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**

Lines 1-4:
- Include Wisconsin W-2s
- Include only 1099s, W2Gs with Wisconsin withholding

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.

*No Wisconsin withholding to report for 2026? Close your account effective 12/31/25, transmit any required W-2s and 1099s (see Pub 117, and do not submit a 2026 WT-7.

This form must be filed **ELECTRONICALLY** (do not email or fax), 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. 7-26)

Print completed form and remember to add your signature.

View full page