

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
<p><i>Check the appropriate box to indicate what type of taxpayer you are: (see instructions)</i></p> <p> <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: _____ </p>		
<p><i>Check the appropriate box to indicate what form will be used to report your Wisconsin source income: (see instructions)</i></p> <p> <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 </p> <p>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: _____</p>		

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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