

Form **PW-1** Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income

2024

For calendar year 2024 or tax year beginning and ending

If this is an amended return, include Schedule AR and check here If this is a final return, check here

Part 1: Pass-Through Entity Information

Person to Contact Regarding This Information		Telephone Number	
Name of Pass-Through Entity Withholding the Tax		Federal Employer ID Number	
Number and Street	Suite/Unit	For Estates Only: Decedent's Social Security Number	
City	State	ZIP Code (+ 4 digit suffix if known)	
A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one): A <input type="checkbox"/> 5S <input type="checkbox"/> 3 <input type="checkbox"/> 2			
B Election to pay tax at the entity level (see instructions) B <input type="checkbox"/>			
C Total pass-through income under Wisconsin law (see instructions)		C	.00
D Amount included in Item C that was taxed by a lower-tier entity (see instructions)		D	.00
E Subtract Item D from Item C. If the result is less than 0, fill in 0		E	.00

1 Total withholding tax computed (from Part 2, line 17)	1	.00
2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any)	2	.00
3 Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.)	3	.00
4 Enter total tax withheld by WT-11 filers.	4	.00
5 Amended Return Only – amount previously paid	5	.00
6 Add lines 2 through 5	6	.00
7 Amended Return Only – amount previously refunded	7	.00
8 Subtract line 7 from 6	8	.00
9 Underpayment interest due. Fill in exemption code (if applicable) and see Form PW-U and instructions	9	.00
10 Other interest and penalty due	10	.00
11 Amount due. If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed	11	.00
12 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid	12	.00
13 Enter amount from line 12 you want credited on 2025 estimated withholding tax.	13	.00
14 Subtract line 13 from line 12. This is your refund.	14	.00

Part 1A: Additional Information Required for Tiered Entities (see instructions)

Name	FEIN	Total Amount Withheld
Name	FEIN	Total Amount Withheld

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, under penalties of law, that this return is true, correct, and complete to the best of my knowledge and belief.

Preparer's Signature <input type="text"/>	Date <input type="text"/>
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For information on how to file, see *Methods of Filing and Payment* in the instructions.

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.

Line	A. Nonresident's Name and Address	B. FEIN or SSN	C. Tax Form	D. Affidavit Filed	E. Share of Wisconsin Taxable Income	F. Gross Withholding	G. Share of Tax Credits	H. Withholding Tax Computed
a	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
b	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
c	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
d	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
e	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
f	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
g	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
h	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> No				
i	Name	FEIN		<input type="checkbox"/> Yes	\$	\$	\$	\$
	Address	SSN		<input type="checkbox"/> 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								\$