## Form P Wisconsin Nonresident Income or Franchise Tax Withholding on Pass-Through Entity Income

Part 1: Pass-Through Entity Information  Name of Pass-Through Entity Withholding the Tax  Number and Street  Suite/Unit  For Estates Only: Decedent's Social Security Number  City  State  ZIP Code (+ 4 digit suffix is known)  Person to Contact Regarding This Information  A Income or franchise tax form number filled (or to be filled) by the pass-through entity for this period (check one):		2012 or taxable year beginning m _m _D _D _C _C _Y _Y and ending	IVI IVI D D	C C Y Y	sakuun alaaalu laana 🔉		
Number and Street   Suite/Unit   For Estates Only. Decedent's Social Security Number and Street   Suite/Unit   For Estates Only. Decedent's Social Security Number and Street   ZIP Code (+ 4 digit suffix is known)		is is an amended return, check here		if this is a final i	return, check here		
Number and Street    SurterUnit   For Estates Only. Decedent's Social Security Number				Fodoval Familia	ID Morehan		
City    State   ZIP Code (+ 4 digit suffix is known)	Nar	ne of Pass-I nrough Entity Withholding the Tax		Federal Employer ID Number			
Person to Contact Regarding This Information  A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one):	Nur	nber and Street	Suite/Unit	For Estates Or	For Estates Only: Decedent's Social Security Number		
Person to Contact Regarding This Information  A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one):	City			State	7IP Code (+ 4 digit suffix is known)		
A Income or franchise tax form number filed (or to be filed) by the pass-through entity for this period (check one):	0.0,			Oldic	Zii Gode (1 4 digit sullix is kilowii)		
B Total pass-through income under Wisconsin law (see instructions)  ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)  1 Total withholding tax computed (from Part 2, line 17)	Per	son to Contact Regarding This Information		Telephone Nui	mber		
B Total pass-through income under Wisconsin law (see instructions)  ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000)  1 Total withholding tax computed (from Part 2, line 17)							
ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS  1 Total withholding tax computed (from Part 2, line 17)							
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2 Estimated quarterly withholding tax payments (less Form 4466W refund, if any)							
a Enter total tax withheld by lower-tier entities from Part 1A (Identify lower-tier entities in Part 1A below.)  4 Enter total tax withheld by WT-11 filers.  5 Amended Return Only – amount previously paid.  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 (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow.  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 2013 estimated withholding tax.  13 .00  14 Subtract line 13 from line 12. This is your refund.  15 If you annualized income on Form PW-U, check the space after the arrow.  16 .00  17 Amount due. If the total of lines 1, 9 and 10, enter amount overpaid.  18 .00  19 .00  10 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid.  10 .00  11 Amount from line 12 you want credited on 2013 estimated withholding tax.  18 .00  19 .00  10 Subtract line 13 from line 12. This is your refund.  10 .00  11 Additional Information Required for Tiered Entities  12 .00  13 Enter amount from line 12. This is your refund.  14 .00  15 .00  16 .00  17 .00  18 .00  19 .00  10 .00  10 .00  11 .00  11 .00  12 .00  13 .00  14 .00  15 .00  16 .00  17 .00  18 .00  19 .00  10 .00  10 .00  10 .00  11 .00  11 .00  11 .00  11 .00  12 .00  13 .00  14 .00  15 .00  16 .00  17 .00  18 .00  19 .00  10							
4 Enter total tax withheld by WT-11 filers							
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 (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow. 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 2013 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 If the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employer identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.  Name FEIN Total Amount Withheld	3	, , ,		,			
6 Add lines 2 through 5	4						
7 Amended Return Only – amount previously refunded. 7 .00 8 Subtract line 7 from 6 . 8 .00 9 Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow. 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 2013 estimated withholding tax . 13 .00 14 Subtract line 13 from line 12. This is your refund . 14 .00 15 Part 1A: Additional Information Required for Tiered Entities lift the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employer identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.	5						
8 Subtract line 7 from 6	6	-					
9 Underpayment interest due (from Form PW-U, line 17). If you annualized income on Form PW-U, check the space after the arrow.  10 Other interest and penalty due  10 .0i  11 Amount due. If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed  11 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid  12 .0i  13 Enter amount from line 12 you want credited on 2013 estimated withholding tax  13 .0i  14 Subtract line 13 from line 12. This is your refund  15 .0i  16 Part 1A: Additional Information Required for Tiered Entities  17 If the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employed identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.  18 If Ital Amount Withheld  19 In Ital Amount Withheld  10 In Ital Amount Withheld  10 In Ital Amount Withheld  11 In Ital Amount Withheld  12 In Ital Amount Withheld  13 In Ital Amount Withheld  14 In Ital Amount Withheld  15 Ital Amount Withheld	7						
on Form PW-U, check the space after the arrow.    0	8	Subtract line 7 from 6		8			
Amount due. If the total of lines 1, 9 and 10 is greater than line 8, enter amount owed	9						
12 Overpayment. If line 8 is greater than the total of lines 1, 9 and 10, enter amount overpaid	10	Other interest and penalty due		10			
overpaid	11	Amount due. If the total of lines 1, 9 and 10 is greater than line 8	, enter amoun	t owed <b>11</b>			
Part 1A: Additional Information Required for Tiered Entities  If the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employed identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.  Name    FEIN   Total Amount Withheld   T	12	• •		00			
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If the pass-through entity is claiming credit in line 3 for tax withheld by one or more other pass-through entities, enter the name, federal employed identification number (FEIN) of the entity (or entities) and total amount withheld by each entity. Attach additional pages if necessary.  Name    FEIN	Pai	t 1A: Additional Information Required for Tiered Entities					
	If th	e pass-through entity is claiming credit in line 3 for tax withheld by one or					
Name FEIN Total Amount Withheld	Nar	FEIN FEIN			Total Amount Withheld		
	Nar	ne FEIN			Total Amount Withheld		
	1 46	clare, under penalties of law, that this return is true, correct, and comple	יב נט נווב מבצנ סו	i iiiy kilowledge a	iliu pellel.		

Date Preparer's Signature

File this form electronically at www.revenue.wi.gov/eserv/pw/index.html or through the Federal/State E-Filing Program.

If you have obtained a waiver from electronic filing, mail completed form with payment to:

Wisconsin Department of Revenue PO Box 8991 Madison WI 53708-8991



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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.

	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 Address	FEIN SSN		Yes	\$	\$	\$	\$	
b	Name Address	FEIN		Yes	\$	\$	\$	\$	
С	Name Address	FEIN		Yes	\$	\$	\$	\$	
d	Name Address	FEIN SSN		Yes	\$	\$	\$	\$	
	Name Address	FEIN SSN		Yes	\$	\$	\$	\$	
f	Name Address	FEIN SSN		Yes	\$	\$	\$	\$	
g	Name Address	FEIN		Yes	\$	\$	\$	\$	
h	Name Address	FEIN		Yes	\$	\$	\$	\$	
i	Name Address	FEIN SSN		Yes	\$	\$	\$	\$	
	<b>15</b> Total withholding this page							\$	
	<b>16</b> Number of additional pages included	Total of line 1	<b>5</b> amou	unt from a	ıll additional pages			\$	
17 Total withholding tax computed. Add lines 15 and 16. Enter total on Part 1, line 1									