2014

**Note:** This form is due within one month or two months after the close of the pass-through entity's taxable year. See instructions for details.

## Part 1: Information for Department of Revenue

| Pass-Through Entity Information  |  |   |  |
|--|--|---|--|
| Pass-Through Entity Name   |  | Entity's Identification Number  |  |
|  |  | FEIN or SSN   |  |
| Number and Street  |  | WITAN   |  |
| City   | State  | ZIP (+ 4 digit suffix if known)   |  |
| This pass-through entity files as a (check one):   |  | Last Day of Entity's Taxable Year   |  |
| Partnership Tax-option (S) Corporation Estate or Trust   |  | M M D D Y Y Y   |  |
| Reporting Entity (if nonresident is a disregarded entity, grantor trust, or co   | mbined re                                    | turn filer).  |  |
| Taxpayer Name  |  | Taxpayer's Identification Number (Enter one)  |  |
|  |  | SSN FEIN  |  |
| Disregarded Entity Grantor Trust Combined Return Filer   |  |   |  |
| Nonresident Information  |  |   |  |
| Taxpayer Name  | Taxpayer's Identification Number (Enter one) |   |  |
|  |  | SSN FEIN  |  |
| Number and Street  |  | City  |  |
| Chata 71D / 1 / digit suffici if known \ Dayson to Contact Daysoling This Information  |  | Talanhana Niumhar   |  |
| State ZIP (+ 4 digit suffix if known) Person to Contact Regarding This Information   |  | Telephone Number  |  |
| Form that you will use to report your income or franchise tax for this p   | eriod (ch                                    | eck one):   |  |
| 1NPR1CNP1CNS2  | 3  | 4   |  |
| Amount of WI income from the pass-through entity:  | .00  | lonresident's Last Day of 2014 Taxable Year   |  |
| Amount of WI credits from the pass-through entity:   | .00  | $\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ $\overline{Y}$ |  |
| Reason for Exemption (check all that apply):   | <u> </u>                                     |   |  |
| 1 I have paid or carried forward Wisconsin estimated tax paymer  | nts applic                                   | eable to this period, in the total amount of  |  |
| If this amount is less than the am through entity, an explanation of the difference is attached. (Att  |  | ax (after credits) attributable to income from the pass-  |  |
| I have one or more of the following losses which can be used to offset   | •  | •   |  |
| sheets if necessary). The losses change my total Wisconsin income/ta. have filed Wisconsin income or franchise tax returns in each year that   | x liability                                  | in the current year from the pass through entity and I  |  |
| 2 Net Wisconsin source operating loss carryforward:  | 3 8  | Suspended Wisconsin source loss carryforward:   |  |
| Name:  |  | Name:   |  |
| Source:  |  | Source:   |  |
| FEIN:  |  | FEIN:   |  |
| Amount:  | A  | Amount: .00   |  |
| 4 Other Wisconsin losses:  | <b>5.</b> , , V                              | Visconsin credit and credit carryforwards from other  |  |
| Name:  | S  | purces in the current taxable year that exceed my total   |  |
| Source:  |  | ability before credits:   |  |
| FEIN:  |  | ,   |  |
| Amount:00  |  |   |  |
| The nonresident filing this affidavit is itself a pass-through entit dent partners, members, shareholders, or beneficiaries, unless number of the entity(s) who will make the payment. (Attach add | an exen                                      | nption applies. Please provide the name and FEIN  |  |
| Name:  | F  | FFIN:   |  |

## Part 2

2014

## Part 2: Information for Department of Revenue and Pass-Through Entity

|  |   |                                   |                                       | older, or beneficiary of the   |
|--|---|-----------------------------------|---------------------------------------|--|
| ss-through                                   |   |                                   |                                       | through entity to be exempt fron<br>Vis. Stats., for my tax year endin |
| VVISCOTISITI                                 |   | withholding requiremen            | t toutiu iii sec. 7 1.775, vi         | vis. Stats., for thy tax year endin                                    |
| aiavainas 4lais                              |   | e filo o Minoppoin incom          |                                       |  |
|  |   |                                   |                                       | n for my tax year shown above.<br>nue, the Wisconsin Tax Appeals       |
|  |   |                                   |                                       | any Wisconsin taxes, including   |
| timated tax                                  | payments, together with                                   | any interest and penalt           | ies.                                  |  |
| ird  | Do you want to allow another pers                         | son to discuss this return with t | he department? Yes                    | Complete the following. No   |
| ırty   | Designee's  | Pho                               |                                       | ersonal  |
|  | name •  |                                   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | entification umber (PIN)   |
| payer s Signatu                              | re  |                                   | Title (if applicable)                 | Date   |
| xpayer's Signatu                             | re  |                                   | Title (if applicable)                 | Date   |
|  | nt will return this form by r                             |                                   |                                       |  |
|  | nt will return this form by r                             |                                   |                                       |  |
| e Departmer                                  | nt will return this form by r                             |                                   |                                       |  |
| e Departmer                                  | nt will return this form by r<br>f<br>me (if applicable)  |                                   |                                       |  |
| To Attention o                               | nt will return this form by r f me (if applicable) Street |                                   |                                       |  |
| To Attention o Company Nar Number and S      | nt will return this form by r f me (if applicable) Street | nail. Enter address info          |                                       |  |
| To Attention o Company Nar Number and S      | nt will return this form by r f me (if applicable) Street | nail. Enter address info          |                                       |  |
| To Attention o Company Nar Number and S City | nt will return this form by r f me (if applicable) Street | mail. Enter address info          |                                       |  |
| To Attention o Company Nar Number and S City | nt will return this form by r f me (if applicable) Street | mail. Enter address info          |                                       |  |

Fax: (Use cover page provided with instructions)

Mail: Wisconsin Department of Revenue

BTS/PTE, Mail Stop 3-107

PO Box 8958

Madison, WI 53708-8958

The Department will return Part 2 of Form PW-2 to you within approximately 30 days of receiving it. If the Department has approved Form PW-2, provide this page to the pass-through entity. The pass-through entity must keep a copy of this page for its records as documentation showing why it did not pay withholding tax on your behalf.