

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		WI TAN	
City	State	ZIP (+ 4 digit suffix if known)	
This pass-through entity files as a (<i>check one</i>): <input type="checkbox"/> Partnership <input type="checkbox"/> Tax-option (S) Corporation <input type="checkbox"/> Estate or Trust		Last Day of Entity's Taxable Year _____ M _____ D _____ Y _____ Y _____ Y _____ Y	

Reporting Entity (if nonresident is a disregarded entity, grantor trust, or combined return filer).

Taxpayer Name		Taxpayer's Identification Number (Enter one) SSN _____ FEIN _____	
<input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Combined Return Filer			

Nonresident Information

Taxpayer Name			Taxpayer's Identification Number (Enter one) SSN _____ FEIN _____		
Number and Street			City		
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 period (<i>check one</i>): <input type="checkbox"/> 1NPR <input type="checkbox"/> 1CNP <input type="checkbox"/> 1CNS <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4T <input type="checkbox"/> 5S <input type="checkbox"/> 6					
Amount of WI income from the pass-through entity: _____ .00			Nonresident's Last Day of 2014 Taxable Year		
Amount of WI credits from the pass-through entity: _____ .00			_____ M _____ D _____ Y _____ Y _____ Y _____ Y		

Reason for Exemption (*check all that apply*):

1. I have paid or carried forward Wisconsin estimated tax payments applicable to this period, in the total amount of _____ . If this amount is less than the amount of tax (after credits) attributable to income from the pass-through entity, an explanation of the difference is attached. (*Attach explanation.*)

I have one or more of the following losses which can be used to offset my income from this pass through entity. (Attach additional sheets if necessary). The losses change my total Wisconsin income/tax liability in the current year from the pass through entity **and** I have filed Wisconsin income or franchise tax returns in each year that produced the carry forward.

<p>2. <input type="checkbox"/> Net Wisconsin source operating loss carryforward: Name: _____ Source: _____ FEIN: _____ Amount: _____ .00</p>	<p>3. <input type="checkbox"/> Suspended Wisconsin source loss carryforward: Name: _____ Source: _____ FEIN: _____ Amount: _____ .00</p>
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<p>4. <input type="checkbox"/> Other Wisconsin losses: Name: _____ Source: _____ FEIN: _____ Amount: _____ .00</p>	<p>5. <input type="checkbox"/> Wisconsin credit and credit carryforwards from other sources in the current taxable year that exceed my total liability before credits:</p>
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6. The nonresident filing this affidavit is itself a pass-through entity, and will withhold taxes on all income allocable to its nonresident partners, members, shareholders, or beneficiaries, unless an exemption applies. Please provide the name and FEIN number of the entity(s) who will make the payment. (Attach additional sheets if necessary).

Name: _____ FEIN: _____

