

**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: \_\_\_\_\_

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

**Agreement to File, Routing, Declaration, and Signature**

I, \_\_\_\_\_, as a nonresident partner, member, shareholder, or beneficiary of the pass-through entity \_\_\_\_\_, request this pass-through entity to be exempt from the Wisconsin income or franchise tax withholding requirement found in sec. 71.775, Wis. Stats., for my tax year ending \_\_\_\_\_.

By signing this affidavit I agree to timely file a Wisconsin income or franchise tax return for my tax year shown above. 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.

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the department? <input type="checkbox"/> <b>Yes</b> Complete the following. <input type="checkbox"/> <b>No</b>							
	<table border="0"> <tr> <td>Designee's name ▶</td> <td>Phone no. ▶ (    )</td> <td>Personal identification number (PIN) ▶</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Designee's name ▶	Phone no. ▶ (    )	Personal identification number (PIN) ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designee's name ▶	Phone no. ▶ (    )	Personal identification number (PIN) ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I declare that the information provided in this affidavit is complete and accurate, and that I meet all requirements of the exemption checked in Part 1. I understand that the Department will return Part 2 of this form to me. I further understand that approval of this affidavit does not constitute an audit by the Department, and that the Department's determination regarding approval of this affidavit may not be appealed.

Taxpayer's Signature ▶	Title (if applicable)	Date
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**The Department will return this form by mail. Enter address information below. Please type or print legibly.**

To Attention of		
Company Name (if applicable)		
Number and Street		
City	State	ZIP Code

**Approval by Department of Revenue**

Approved for 2014 Taxable Year       Not Approved      \_\_\_\_\_ Reviewer's Initials      \_\_\_\_\_ Date

**Send Parts 1 and 2 of this form to the Wisconsin Department of Revenue at:**

**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.