

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 (Enter one) FEIN _____ SSN _____			
Number and Street			City			
State	ZIP Code	Person to Contact Regarding This Information		Telephone Number		
This pass-through entity files as a (check one): <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 M D D C C Y Y			

Nonresident Information

Taxpayer Name			Taxpayer's Identification Number (Enter one) SSN _____ FEIN _____			
Number and Street			City			
State	ZIP Code	Person to Contact Regarding This Information		Telephone Number		
Form that you will use to report your income or franchise tax for this period (check one): <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"/> 5 <input type="checkbox"/> 5S			Nonresident's 2010 Taxable Year _____ M M D D C C Y Y _____ M M D D C C Y Y			
Amount of income from the pass-through entity: _____						
Amount of credits from the pass-through entity: _____						

Reason for Exemption (check one):

- 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 Wisconsin source net operating loss carryforward (NOLC) or suspended loss carryforward which exceeds my income from the pass-through entity, **and** I have filed Wisconsin income or franchise tax returns for each year of losses that produced the carryforward.
- I incurred Wisconsin source losses from other sources in the current taxable year which exceed my total Wisconsin source income. Details of the losses are provided below. (*Attach additional sheets if necessary.*)

Loss amount	Explanation, including name, address, and FEIN of any other pass-through entities which are the source of Wisconsin losses

- I have Wisconsin credits or credit carryforwards from other sources, which exceed my total Wisconsin tax liability (before credits). Details of these credits are provided below. (*Attach additional sheets if necessary.*)

Credit type and amount	Source of credit, including name, address, and FEIN of any other pass-through entities which are the source of Wisconsin credits

- 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.

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 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.

You must complete item A. or item B. below.


A. Check here if you want the Department to return this form by fax.

Enter fax number _____. Fax to the attention of _____.

B. Check here if you want the Department to return this form by mail. Enter address information below.

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

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 by the means I specify above. 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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Approval by Department of Revenue

Approved for 2010 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
 Central Audit Unit D, Mail Stop 5-144
 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.