2016

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 (check one):		Last Day of Entity's Taxable Year	
Partnership Tax-option (S) Corporation Estate	M M D D Y Y Y		
Reporting Entity (if nonresident is a disregarded entity, grantor trust, or con	mbined ref		
Taxpayer Name	Taxpayer's Identification Number (Enter one)		
		SSN FEIN	
Disregarded Entity Grantor Trust Combined Ret	urn 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	
State 21 (1.4 digit sum x in known) 1 erson to contact regarding this information		relephone Number	
Form that you will use to report your income or franchise tax for this p	eriod (che	eck one):	
1NPR1CNP1CNS2	3	4 4T 5S 6	
Required Information			
Amount of WI income from the pass-through entity:	.00	Nonresident's Last Day of 2016 Taxable Year	
Amount of WI credits from the pass-through entity:	.00	M M D D Y Y Y	
Reason for Exemption (check all that apply or attach an explanation):	:		
1 I have paid or carried forward Wisconsin estimated tax paymer	nts applic	able to this period, in the total amount of	
If this amount is less than the amount is less	ount of ta tach expla	x (after credits) attributable to income from the pass- anation.)	
I have one or more of the following losses which can be used t	o offset n	ny income from this pass through entity. (Attach	
additional sheets if necessary). The losses change my total Wi	isconsin i	ncome/tax liability in the current year from the pass	
through entity and I have filed Wisconsin income or franchise t	ax return	s in each year that produced the carry forward.	
2 Not Wissensin source energing loss corn forward:	3 \/	Visconsin credit and credit carryforwards from other	
2 Net Wisconsin source operating loss carryforward: Name:		ources in the current taxable year that exceed my total	
Source:		ability before credits.	
FEIN:		•	
Amount: .00			
4 The nonresident filing this affidavit is itself a pass-through entit dent partners, members, shareholders, or beneficiaries, unless	y, and wil	I withhold taxes on all income allocable to its nonresi-	
number of the entity(s) who will make the payment. (Attach add			
Name	_	TINI.	

Part 2

2016

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

greement t	to File, Routing, Declaration,	and Signature			
ass-through			, request this	shareholder, or benef pass-through entity t 775, Wis. Stats., for r	to be exempt from
agree to be Commission,	is affidavit I agree to timely file subject to the personal jurisdic , and the courts of this state for x payments, together with any in	tion of the Wiscon the purpose of de	sin Department of termining and colle	Revenue, the Wiscon	nsin Tax Appeals
hird	Do you want to allow another person to	Yes Complete the following No			
Party Designee	Designee's name		one ▶()	Personal identification number (PIN)	
aay not be ap axpayer's Signa	,		Title (if applicable)		Date
he Departme	ent will return this form by mail.	Enter address info	rmation below. Ple	ase type or print legib	lly.
	ame (if applicable)				
Number and					
City	State	ZIP Code			
pproval by	Department of Revenue				
_ Approved	d for 2016 Taxable Year	─ Not Approved	Reviewer's Ir	nitials	Date
Send Parts	1 and 2 of this form to the Wis	sconsin Departm			

Fax: (Use cover page provided with instructions)

Mail: Wisconsin Department of Revenue

BTS/PTE, Mail Stop 6-81

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.