**NON-RESIDENT ARTIST INFORMATION FORM**

This form is to be filled out if the contract is over $7,000 and the nonresident entertainer (Artist) is not a resident of the state of Wisconsin.

Withholding - All payments made to a non-resident Artist or their Agent for performing in the state of Wisconsin are subject to 6% Nonresident Entertainer Tax unless they provide a bond or deposit with the Wisconsin Department of Revenue at least seven days prior to the performance or they can provide a copy of a waiver provided by the Wisconsin Department of Revenue. Information can be found in the Wisconsin Department of Revenue Publication 508: https://www.revenue.wi.gov/DOR%20Publications/pb508.pdf

Whomever will be claiming the withholding on their Wisconsin state income tax should fill in their information below. The 6% withholding will be allocated to the name and tax identification number  provided on this form. (This could be either the Agent or the Artist depending on whom is claiming the withholding.)

TYPE OF ENTITY AND TAX NUMBER

**C Corporation EIN** _____

**S Corporation EIN** _____

**Individual Social Security (Individual/sole proprietor or single member LLC)**

SSN or EIN (please circle one) Number _____

**LLC (Being taxed as: C=C corporation, S=S corporation, P=Partnership – please circle one)**

SSN or EIN (please circle one) Number _____

**Partnership Employer**

SSN or EIN (please circle one) Number _____

If partnership does not have an Employer ID number, print the names and Social security numbers of each individual in the partnership, so withholding may be properly credited.

Full Name_____     Social Security No. _____

Full Name_____     Social Security No. _____

Full Name_____     Social Security No. _____


ARTIST NAME AND BUSINESS ADDRESS (If Agency is claiming the withholding, enter the stage name of the entertainer, name of the Agency, and the Agency address.)

Stage Name of Non-Resident Artist _____

True name of the Non-Resident Artist (If Artist is claiming the withholding) OR name of the Agency

_____

Address_____

City, State, Zip Code _____