

FORM REFERENCE NR-WR100	NONRESIDENT TAX WITHHOLDING RECONCILIATION RETURN Annual Reconciliation of Withholding Tax on Nonresident Persons	TAX YEAR
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NAME OF WITHHOLDING AGENT		TAXPAYER IDENTIFICATION NUMBER (TIN/EIN)
ADDRESS (NUMBER, STREET, AND APT. OR SUITE NO.)		
CITY OR TOWN	STATE/PROVINCE/REGION	ZIP OR POSTAL CODE / COUNTRY

SECTION 1: SUMMARY OF INFORMATION RETURNS FILED

No.	Type of Information Return Submitted	Total Number Filed	Total Gross Amount Paid
1	Nonresident Income Statements (e.g., Form 1042-S / Equivalent)		
2	Other Information Returns		
3	Total Gross Income Paid (Sum of lines 1 and 2)		

SECTION 2: RECONCILIATION OF TAX LIABILITY AND PAYMENTS

No.	Tax Liability and Deposit Summary	Amount
4	Total tax withheld (as reported on information returns)	
5	Adjustments to withholding (if any, attach schedule)	
6	Total Tax Liability (Line 4 plus or minus Line 5)	
7	Total tax deposits made for the calendar year	
8	Overpayment applied from prior calendar year	
9	Total Payments and Credits (Sum of lines 7 and 8)	
10	Balance Due (If line 6 is greater than line 9, enter difference here)	
11	Overpayment (If line 9 is greater than line 6, enter difference here)	
12	Refund amount requested from line 11 overpayment	
13	Amount of line 11 overpayment to be applied to next tax year	

SECTION 3: RECORD OF TAX LIABILITY (MONTHLY BREAKDOWN)

Do not show deposits here. Enter tax liability for each period.

Month	Liability Amount	Month	Liability Amount	Month	Liability Amount
January		May		September	
February		June		October	
March		July		November	
April		August		December	
Total Monthly Tax Liability (Must equal Line 6)					

SECTION 4: DECLARATION AND SIGNATURES

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE OF WITHHOLDING AGENT, PARTNER, OR CORPORATE OFFICER	DATE	TITLE
SIGNATURE OF PAID PREPARER (OTHER THAN AGENT)	PREPARER TAX ID (PTIN)	PREPARER PHONE NUMBER

PREPARER'S FIRM NAME AND ADDRESS

FIRM EIN