STATE DEPARTMENT OF REVENUE

Nonresident State Income Tax Withholding Return

FORM
State-NRW

TAX YEAR PERIOD BEGINNING _____ ENDING _____

TAX YEAR

WITHHOLDING AGENT / EMPLOYER INFORMATION

LEGAL NAME OF WITHHOLDING AGENT

FEDERAL EIN (FEIN)

STATE TAX ID NUMBER

MAILING ADDRESS

SUITE / ROOM / APT

CITY

STATE

ZIP CODE

CONTACT PERSON NAME

PHONE NUMBER

EMAIL ADDRESS

TAX CALCULATION SUMMARY

1	Total gross state sourced income paid to nonresidents	
2	Total state income tax withheld (from Part II below)	
3	Prior payments/credits made for this tax period	
4	Balance of tax due (Subtract Line 3 from Line 2. If zero or less, enter 0)	
5	Overpayment to be refunded (If Line 3 is greater than Line 2)	
6	Penalty and Interest (for late filing or payment)	

7	Total Amount Due (Add Line 4 and Line 6)	

SCHEDULE OF NONRESIDENT PAYEES (PART II)

No.	Recipient Name	SSN / FEIN	State	Gross Income Paid	State Tax Withheld
1					
2					
3					
4					
5					

DECLARATION AND SIGNATURE

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

AUTHORIZED SIGNATURE

TITLE

DATE

Filing Instructions: File this return and pay the amount on Line 7 on or before the due date prescribed by state regulations. Attach copies of federal form 1099-MISC, 1099-NEC, or W-2 for each nonresident payee listed in the schedule.