



Form PWH-WA Performer or Performing Entity Withholding Allocation Form

Massachusetts
Department of
Revenue

Withholding agent: Fill in your name and name of performer or performing entity. Provide this form to each performer and performing entity you have a contract with. Keep a copy for your records.

Performing entity: Fill in your name and name of each member or participant. Provide this form to each member or participant. Keep a copy for your records.

Member or participant: Enclose this form with your completed Form 1 or Form 1-NR/PY.

Do **not enclose** this form with, or claim the payment being submitted with it, on your corporate excise tax return.

Name of designated withholding agent		Massachusetts Tax Registration number	
Address	City/Town	State	Zip
Name of performer and/or performing entity		Social Security and/or Federal Identification number	
Address	City/Town	State	Zip
Name of member or participant		Social Security or Federal Identification number	
Address	City/Town	State	Zip
Name of venue		Date(s) of performance	

1 Income subject to withholding	1	
2 Total Massachusetts tax withheld	2	