## Wisconsin fiduciary income tax for estates or trusts

2015

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TEE	ESTATES C
TAPLE	ESTATES C
NOTS	TRUSTS OF
00	Name of pe

Use	For 2015 or taxable year beginning				and ending			
BLACK INK		$\overline{M}$ $\overline{M}$	$\overline{D}$ $\overline{D}$	Y Y Y		$\overline{M}$ $\overline{M}$	$\overline{D}$ $\overline{D}$	Y

A		IN IN D D	I I I I IVI IVI IVI IVI IVI IVI	D	1 1 1				
TO THE	EST	ATES ONLY – Decedent's legal last name	Decedent's legal first name			M.I.			
STAPLE	EST	ATES ONLY – Decedent's social security number	Estate's federal EIN						
<b>07.ST</b>	TRU	STS ONLY – Legal name				Trust's federal EIN			
DO NOT	Nam	e of personal representative, petitioner, or trustee							
	Addr	ess of personal representative, petitioner, or trustee	City	State	Zip code				
	Cou	nty of jurisdiction	Probate case number						
	Chec	k if applicable Initial return Final return	Amended return Address or name change	Check	k one Electing small busines	ss trust			
		e trust or bankruptcy estate was created or date of decedentestate, enter age of decedent at date of death	ent's death MM M D D V Y Y Y		Qualified funeral trust				
	If th	f this is a trust return, is the trust Revocable or Irrevocable?			Bankruptcy estate				
	If a	f a trust, is the grantor a resident of Wisconsin? Yes No			Inter vivos trust				
	Has	Form W706 been filed? Yes	rm W706 been filed? Yes No						
	Spe	ecial Conditions		: :					
	Addre	ess where decedent lived at time of death	Zip code		Decedent's estate				
l	Prin	nt numbers like this → 0123456789	Not like this → Ø147		NO COMMAS; NO	CENTS			
	4	Fodoral toyable income of fiduciary (see instructions)			4	.00			
	1	Federal taxable income of fiduciary (see instructions)  Additions (from Schedule A or NR)				.00			
	2	Add lines 1 and 2				.00			
	4	Subtractions (from Schedule A or NR)							
	-	Wisconsin taxable income of fiduciary (subtract line 4							
		Gross tax (see instructions, page 4)				.00			
Ø		ESBT (see instructions, page 4) 6b				.00			
	7	Certain nonrefundable credits from line 11 of Schedu			7	.00			
ler h	8	Subtract line 7 from line 6a. If line 7 is larger than line							
y ord	9	Alternative minimum tax. Enclose Schedule MT							
one	10	Add lines 8 and 9							
Paperclip check or money order here	11	Other credits from Schedule CR, line 35							
	12	Net tax paid to another state. Enclose Schedule OS							
	13	Add credits on lines 11 and 12			13	.00			
perc/		Subtract line 13 from line 10. If line 13 is larger than l							
Pa									



2015 F	orm 2			Page 2 of 3
				NO COMMAS; NO CENTS
15	Enter amount from line 14		15	.00
16	Wisconsin income tax withheld (see instructions	s)	.00	
17	2015 estimated payments and amount applied for	rom 2014 return . <b>17</b>	.00	
18	Farmland preservation credit. a Schedule FC,	line 18 <b>18a</b>	.00	
	<b>b</b> Schedule FC-/	A, line 13 <b>18b</b>	.00	
19	Other credits from Schedule CR, line 38		.00	
20	AMENDED RETURN ONLY – amount paid with	the original return 20	.00	
21	Add lines 16 through 20	21	.00	
22	AMENDED RETURN ONLY – refund from origin amount applied to 2016 estimated tax		.00	
23	Subtract line 22 from line 21		23	.00
24	If line 23 is larger than line 15, subtract line 15 for	rom line 23 AMOUN	NT OVERPAID 24	.00
25	Amount of line 24 to be REFUNDED TO YOU		25	.00
26	Amount of line 24 to be applied to your 2016 ES	TIMATED TAX <b>26</b>	.00	
27	If line 23 is less than line 15, subtract line 23 fro	m line 15	ALANCE DUE 27	.00
28	Underpayment interest. Exception code – See Sc Also include on line 27 (see instructions, page 7		.00	
$\int_{i}$	Paper clip copies of fe Also paper clip copies of Wisconsin Sc f required. A request for a closing certifica		d WD (Form 2) an	d other documents,
	fiduciary, declare under penalties of law that I ha copy of federal income tax return) and to the best			_
Your s	gnature		Date	Daytime phone
PERSO Name	ON PREPARING RETURN (individual and firm) if other than the Signature of		Date	Daytime phone
				( )
Mail y	our return to: Wiscons	in Department of Revenue	For Department	



Schedule CC to request a closing certificate .......PO Box 8918, Madison WI 53708-8918 • All other trusts and estates......PO Box 8955, Madison WI 53708-8955

• If making a payment or submitting

2010 1 01111 2						. ago o o.
Name(s) shown on Form 2		Decedent's social secu	rity number	Estate's / 1	rust's	FEIN
		trusts only. Part-yest enclose Schedul		nresident	}	
ADDITIONS:		COL. 1-Distributab (Report on Sched	le Income	Nondist	COL	2 able Income
1. Adjustment from Schedule B of Form 2						.00
2. Interest (less related expenses) on state and municipal obligation	ns		.00			.00
3. Deduction for taxes from federal Form 1041			.00			.00
4. Capital gain/loss adjustment (see instructions)						.00
Other additions:     COL. 1 – enter total and describe below			.00			
COL. 2 – enter amount from Part I, line 19, of Schedule 2M						.00
6. Add lines 1 through 5 and enter on line 2 of Form 2	[					.00
SUBTRACTIONS:	ſ					
7. Adjustment from Schedule B of Form 2						.00
8. Interest (less related expenses) on obligations of the United State	es .		.00			.00
9. Capital gain/loss adjustment (see instructions)						.00
10. Refunds of state and local taxes (see instructions)			.00			.00
Other subtractions:  COL. 1 – enter total and describe below						
COL. 2 – enter amount from Part II, line 32, of Schedule 2M						.00
12. Add lines 7 through 11 and enter on line 4 of Form 2						.00
SCHEDULE B - Adjustments to Convert 2015 Federal Tax Amount Allowable for Wisconsin (see ins			11)			
·			Adjustmen	ts for 201	5	
NATURE OF ADJUSTMENT — Explain fully on enclosed schedul	le.				– Nondistributable r on Schedule A*)	
TOTAL from enclosed schedule			.00			.00
Note: The figure in COL. 2 must be used by part-year and nonresider	nt esta	ates and trusts to	complete	e Part I o	f Sch	edule NR.
SCHEDULE C – Adjustments to Capital Gains/Losses Bed Had Different Basis for Wisconsin and Fe						
Description of capital assets held ONE YEAR OR LESS and reason for difference in basis		A. Federal Adjusted Basis	B. Wis Adjuste	consin d Basis	C.	Difference
a		.00		.00	L	.00
b.		.00		.00		.00
C.		.00		.00		.00
2. TOTAL – Combine amounts in column C. Fill in here and on line 6	of Wis	sconsin Schedule	WD (Fo	rm 2)		.00
Description of capital assets held MORE THAN ONE YEAR and reason for difference in basis		A. Federal Adjusted Basis		consin	C.	Difference
a.		.00		.00		.00
b.		.00.		.00		.00

4. TOTAL - Combine amounts in column C. Fill in here and on line 15 of Wisconsin Schedule WD (Form 2) . .

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