

For Scenario 23, the taxpayer has requested the \$50.00 refund be direct deposited into the checking account listed below.

Bank Routing Number 075911852

Bank Account Number 4567890123

**Form 2 Wisconsin fiduciary income tax for estates or trusts**

**2012**

Use **BLACK INK** For 2012 or taxable year beginning 0 2 2 0 2 0 1 1 and ending 0 1 3 1 2 0 1 2  
M M D D Y Y Y Y M M D D Y Y Y Y

DO NOT STAPLE

ESTATES ONLY – Legal last name <b>DAISY</b>		Legal first name <b>TEST</b>	M.I.	Decedent's social security number <b>400 00 5423</b>	
TRUSTS ONLY – Legal name					
Name of personal representative, petitioner, or trustee <b>DONNA DAISY</b>					
Address of personal representative, petitioner, or trustee <b>915 DODGE ST</b>			City <b>LAKE GENEVA</b>	State <b>WI</b>	Zip code <b>53147</b>
County of jurisdiction		Probate case number <b>11IN50</b>		Estate's/Trust's federal EIN <b>400005493</b>	
Check if applicable <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address or name change				<b>Check one</b>	
Date trust or bankruptcy estate was created or date of decedent's death <u>0 2 2 0 2 0 1 2</u> <small>M M D D Y Y Y Y</small> If an estate, enter age of decedent at date of death <u>81</u>				<input type="checkbox"/> Electing small business trust	
If this is a trust return, is the trust <input type="checkbox"/> Revocable <b>or</b> <input type="checkbox"/> Irrevocable?				<input type="checkbox"/> Qualified funeral trust	
If a trust, is the grantor a resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Bankruptcy estate	
Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Inter vivos trust	
Special Conditions <input type="checkbox"/>				<input type="checkbox"/> Testamentary trust	
Address where decedent lived at time of death <b>629 HAVEY RD, MADISON WI</b>				Zip code <b>53704</b>	
				<input checked="" type="checkbox"/> Decedent's estate	

Print numbers like this → **0 1 2 3 4 5 6 7 8 9** Not like this → ~~0 1 4 7~~ **NO COMMAS; NO CENTS**

1 Federal taxable income of fiduciary (see instructions) . . . . .	1	20866 .00
2 Additions (from Schedule A or NR) . . . . .	2	2500 .00
3 Add lines 1 and 2 . . . . .	3	23366 .00
4 Subtractions (from Schedule A or NR) . . . . .	4	600 .00
5 Wisconsin taxable income of fiduciary (subtract line 4 from line 3) . . . . .	5	22766 .00
6a Gross tax (see instructions, page 4) . . . . .	6a	1241 .00
6b ESBT (see instructions, page 4) . . . . .	6b	.00
7 Supplement to federal historic rehabilitation credit . . . . .	7	.00
8 Certain nonrefundable credits from line 8 of Schedule CR . . . . .	8	.00
9 Add credits on lines 7 and 8 . . . . .	9	.00
10 Subtract line 9 from line 6a. If line 9 is larger than line 6a, fill in zero (0) . . . . .	10	1241 .00
11 Alternative minimum tax. Enclose Schedule MT . . . . .	11	.00
12 Add lines 10 and 11 . . . . .	12	1241 .00
13 Other credits from Schedule CR, line 21 . . . . .	13	.00
14 Net tax paid to another state. Enclose Schedule OS . . . . .	14	.00
15 Add credits on lines 13 and 14 . . . . .	15	.00
16 Subtract line 15 from line 12. If line 15 is larger than line 12, enter zero (0) . . . . .	16	1241 .00

Paperclip check or money order here



**NO COMMAS; NO CENTS**

<b>17</b> Enter amount from line 16 . . . . .	<b>17</b>	1 2 4 1 .00
<b>18</b> Economic development surcharge. Enclose Schedule EDS . . . . .	<b>18</b>	.00
<b>19</b> Recapture of investment credit (see instructions, page 6) . . . . .	<b>19</b>	.00
<b>20</b> Add lines 17 through 19 . . . . .	<b>20</b>	1 2 4 1 .00
<b>21</b> Wisconsin income tax withheld (see instructions) . . . . .	<b>21</b>	1 3 0 0 .00
<b>22</b> 2012 estimated payments and amount applied from 2011 return . . .	<b>22</b>	.00
<b>23</b> Farmland preservation credit. <b>a</b> Schedule FC, line 18 . . . . .	<b>23a</b>	.00
<b>b</b> Schedule FC-A, line 13 . . . . .	<b>23b</b>	.00
<b>24</b> Other credits from Schedule CR, line 32 . . . . .	<b>24</b>	.00
<b>25</b> AMENDED RETURN ONLY – amount paid with the original return .	<b>25</b>	.00
<b>26</b> Add lines 21 through 25 . . . . .	<b>26</b>	1 3 0 0 .00
<b>27</b> AMENDED RETURN ONLY – refund from original return less amount applied to 2013 estimated tax . . . . .	<b>27</b>	.00
<b>28</b> Subtract line 27 from line 26 . . . . .	<b>28</b>	1 3 0 0 .00
<b>29</b> If line 28 is larger than line 20, subtract line 20 from line 28 . . . . .	<b>29</b>	AMOUNT OVERPAID 5 9 .00
<b>30</b> Amount of line 29 to be REFUNDED TO YOU . . . . .	<b>30</b>	5 9 .00
<b>31</b> Amount of line 29 to be applied to your 2013 ESTIMATED TAX . . . .	<b>31</b>	.00
<b>32</b> If line 28 is less than line 20, subtract line 28 from line 20 . . . . .	<b>32</b>	BALANCE DUE .00
<b>33</b> Underpayment interest. Exception code – See Schedule U ▶ <input type="text"/> <b>33</b>	<b>33</b>	.00
Also include on line 32 (see instructions, page 7)		



**Paper clip copies of federal Form 1041 and schedules to this return.**

**Also paper clip copies of Wisconsin Schedules 2K-1, NR, and WD (Form 2) and other documents, if required.**

**A request for a closing certificate for fiduciaries must be made on Schedule CC. See instructions.**

*I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and copy of federal income tax return) and to the best of my knowledge and belief it is true, correct, and complete.*

Your signature	Date	Daytime phone
		( )
PERSON PREPARING RETURN (individual and firm) if other than the preceding signer	Date	Daytime phone
Name	Signature of preparer	( )

- Mail your return to: Wisconsin Department of Revenue
- *If making a payment or submitting 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

For Department Use Only		
	C	



Name(s) shown on Form 2	Decedent's social security number	Estate's / Trust's FEIN
	400 00 5423	400005493

**SCHEDULE A – Additions and Subtractions**

{ Resident estates and trusts only. Part-year and nonresident estates and trusts must enclose Schedule NR. }

ADDITIONS:	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
1. Adjustment to convert 2012 federal taxable income to the amount allowable for Wisconsin (Schedule B) . . . . .		.00
2. Interest (less related expenses) on state and municipal obligations . . .	.00	2500.00
3. Taxes from line 11 of federal Form 1041 . . . . .	.00	.00
4. Capital gain/loss adjustment (see instructions) . . . . .		.00
5. Other (specify) _____	.00	.00
6. Total additions (add lines 1 through 5). Enter the amount from COL. 2 on line 2 of Form 2 . . . . .	.00	2500.00

**SUBTRACTIONS:**

7. Adjustment to convert 2012 federal taxable income to the amount allowable for Wisconsin (Schedule B) . . . . .		.00
8. Interest (less related expenses) on obligations of the United States . . .	.00	600.00
9. Capital gain/loss adjustment (see instructions) . . . . .		.00
10. Refunds of state and local taxes (see instructions) . . . . .	.00	.00
11. Other (specify) _____	.00	.00
12. Total subtractions (add lines 7 through 11). Enter the amount from COL. 2 on line 4 of Form 2 . . . . .	.00	.00

**SCHEDULE B – Adjustments to Convert 2012 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 11)**

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2012	
	COL. 1 – Distributable	COL. 2 – Nondistributable
1. TOTAL from enclosed schedule . . . . .	.00	.00

- a. Enter total from distributable column on Wisconsin Schedule 2K-1, as appropriate.
- b. If total in nondistributable column is a **positive number**, enter it on Schedule A, line 1.  
If total in nondistributable column is a **negative number**, enter it on Schedule A, line 7, as a positive number.

Note: The figure in the nondistributable column must be used by part-year and nonresident estates and trusts to complete Part I of Schedule NR.

**SCHEDULE C – Adjustments to Capital Gains/Losses Because Capital Assets Disposed of Had Different Basis for Wisconsin and Federal Income Tax Purposes**

1. Description of capital assets held ONE YEAR OR LESS and reason for difference in basis	A. Federal Adjusted Basis	B. Wisconsin Adjusted Basis	C. Difference
a. _____	.00	.00	.00
b. _____	.00	.00	.00
c. _____	.00	.00	.00
d. _____	.00	.00	.00
2. TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedule WD (Form 2) . . . . .			.00
3. Description of capital assets held MORE THAN ONE YEAR and reason for difference in basis	A. Federal Adjusted Basis	B. Wisconsin Adjusted Basis	C. Difference
a. _____	.00	.00	.00
b. _____	.00	.00	.00
c. _____	.00	.00	.00
d. _____	.00	.00	.00
4. TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Schedule WD (Form 2) . . . . .			.00

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code J & K PAYMENTS		1 Gross distribution \$ 20,000.00	OMB No. 1545-0119 <b>2012</b> Form <b>1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 20,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S federal identification number 22-7654321	RECIPIENT'S identification number 40000-5423	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,000.00		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name TEST DAISY ESTATE  Street address (including apt. no.) 915 DODGE ST  City, state, and ZIP code LAKE GENEVA, WI 53147		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 4	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 1,300.00	13 State/Payer's state no. WI/036-56565656-06	14 State distribution \$ 20,000.00	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	