

Form 2 Wisconsin fiduciary income tax for estates or trusts

2012

Use **BLACK INK** For 2012 or taxable year beginning MM DD YYYY and ending MM DD YYYY

DO NOT STAPLE

ESTATES ONLY – Legal last name		Legal first name	M.I.	Decedent's social security number
TRUSTS ONLY – Legal name TEST RED MAPLE TRUST				
Name of personal representative, petitioner, or trustee TREE BRANCH BANK				
Address of personal representative, petitioner, or trustee 504 28TH ST S		City LACROSSE	State WI	Zip code 54601
County of jurisdiction		Probate case number		Estate's/Trust's federal EIN 40-0005424
Check if applicable <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address or name change			Check one <input type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified funeral trust <input type="checkbox"/> Bankruptcy estate <input checked="" type="checkbox"/> Inter vivos trust <input type="checkbox"/> Testamentary trust <input type="checkbox"/> Section 645 election <input type="checkbox"/> Decedent's estate	
Date trust or bankruptcy estate was created or date of decedent's death <u>03</u> <u>01</u> <u>20</u> <u>12</u> <small>M M D D Y Y Y Y</small> If an estate, enter age of decedent at date of death _____ If this is a trust return, is the trust <input checked="" type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable? If a trust, is the grantor a resident of Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Special Conditions <input type="checkbox"/> _____ Address where decedent lived at time of death _____ Zip code _____				

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 **NO COMMAS; NO CENTS**

Paperclip check or money order here

1 Federal taxable income of fiduciary (see instructions)	1	7280 .00
2 Additions (from Schedule A or NR)	2	4600 .00
3 Add lines 1 and 2	3	11880 .00
4 Subtractions (from Schedule A or NR)	4	.00
5 Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	5	11880 .00
6a Gross tax (see instructions, page 4)	6a	565 .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	55 .00
9 Add credits on lines 7 and 8	9	55 .00
10 Subtract line 9 from line 6a. If line 9 is larger than line 6a, fill in zero (0)	10	515 .00
11 Alternative minimum tax. Enclose Schedule MT	11	.00
12 Add lines 10 and 11	12	515 .00
13 Other credits from Schedule CR, line 21	13	15 .00
14 Net tax paid to another state. Enclose Schedule OS	14	322 .00
15 Add credits on lines 13 and 14	15	337 .00
16 Subtract line 15 from line 12. If line 15 is larger than line 12, enter zero (0)	16	178 .00



Name(s) shown on Form 2	Decedent's social security number	Estate's / Trust's FEIN 40-0005424
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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	.00
3. Taxes from line 11 of federal Form 1041 . . . . .	.00	4600.00
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	4600.00

SUBTRACTIONS:	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
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	.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

SCHEDULE OS

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

◆ Attach to your Wisconsin Form 1, 1NPR, or 2 ◆

2012

Name(s) shown on Form 1, 1NPR, or 2 TEST RED MAPLE TRUST	Identifying number 400005424
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To be eligible for this credit, you must have been a full-year Wisconsin resident or part-year resident in 2012 and have paid 2012 state income tax **on the same income** to Wisconsin and another state.



Be sure to enclose a copy of your tax return from the other state(s).

NO COMMAS; NO CENTS

■ PART I – Income From Other State	State 1 <u>I</u> <u>A</u> Postal abbr. ↑	State 2 ____ Postal abbr. ↑	State 3 ____ Postal abbr. ↑	State 4 ____ Postal abbr. ↑
1 Wages, salaries, tips, etc. . . . .	.00	.00	.00	.00
2 Taxable interest . . . . .	.00	.00	.00	.00
3 Ordinary dividends . . . . .	.00	.00	.00	.00
4 Business income / loss . . . . .	.00	.00	.00	.00
5 Capital gain / loss . . . . .	.00	.00	.00	.00
6 Other gains / losses . . . . .	.00	.00	.00	.00
7 IRA distributions, pensions, and annuities . . . . .	.00	.00	.00	.00
8 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	15130.00	.00	.00	.00
9 Farm income / loss . . . . .	.00	.00	.00	.00
10 Unemployment compensation . . . . .	.00	.00	.00	.00
11 Social security benefits . . . . .	.00	.00	.00	.00
12 Other income	100.00	.00	.00	.00
13 Add lines 1 through 12 in each column	15230.00	.00	.00	.00
Adjustments to Income				
14 Archer MSA or health savings accounts deduction . . . . .	.00	.00	.00	.00
15 Business expenses of reservists, performing artists, and fee-basis public officials . . . . .	.00	.00	.00	.00
16 Moving expenses . . . . .	.00	.00	.00	.00
17 Deductible part of self-employment tax . . . . .	.00	.00	.00	.00
18 Self-employed SEP, SIMPLE, and qualified plans . . . . .	.00	.00	.00	.00
19 Self-employed health insurance deduction . . . . .	.00	.00	.00	.00
20 IRA deduction . . . . .	.00	.00	.00	.00
21 Student loan interest deduction . . . . .	.00	.00	.00	.00
22 Other adjustments to income . . . . .	.00	.00	.00	.00
23 Add lines 14 through 22 in each column . . . . .	.00	.00	.00	.00
24 Total income taxed by other state – subtract line 23 from line 13	15230.00	.00	.00	.00

Name(s) shown on Form 1, 1NPR, or 2 TEST RED MAPLE TRUST	Identifying number 400005424
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NO COMMAS; NO CENTS

■ PART II – Calculation of Credit	State 1	State 2	State 3	State 4
25 Postal abbreviation for state to which tax was paid	<u> I </u> <u> A </u>	<u> — </u> <u> — </u>	<u> — </u> <u> — </u>	<u> — </u> <u> — </u>
26 Income taxable to both Wisconsin and other state (see instructions)	15230 .00	.00	.00	.00
27 Total income taxed by the other state before subtracting any standard or itemized deductions or personal exemptions (see instructions)	15230 .00	.00	.00	.00
28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits. Do not include tax withheld or estimated tax payments as a credit . . . . .	.00	.00	.00	.00
29 Are the amounts on lines 26 and 27 the same? • If YES, leave line 29 blank and fill in the amount from line 28 on line 30 • If NO and line 26 is less than line 27, divide line 26 by line 27. Carry the decimal to four places and fill in on line 29. If line 27 is less than line 26, fill in 1.0000 . . . . .	.	.	.	.
30 Multiply line 28 by line 29. Round the result to the nearest dollar . . . . .	.00	.00	.00	.00
31 Income and franchise tax (see instructions)	322 .00	.00	.00	.00
32 Add lines 30 and 31 in each column	322 .00	.00	.00	.00
33 Add the amounts in each column of line 32. Fill in the total here	33			322 .00
34 If you have tax paid to more than 4 states, fill in the amount from line 33 of any additional Schedules OS	34			.00
35 Add lines 33 and 34	35			322 .00
36 Fill in the amount from: • Line 29 of Form 1 less the amounts on lines 30 and 31 of Form 1, or • Line 55 of Form 1NPR less the amounts on lines 56 and 57 of Form 1NPR, or • Line 12 of Form 2 less the amount on line 13 of Form 2	36			515 .00
37 Fill in the smaller of line 35 or line 36. This is your credit for tax paid to another state (see instructions)	37			322 .00



Name TEST RED MAPLE TRUST	Identifying Number 40-0005424
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Part I Credits for Individuals, Fiduciaries, and Corporations

A. Nonrefundable Credits (claimed before alternative minimum tax)

1 Postsecondary education credit (Schedule PE, line 7)	1	.00
2 Water consumption credit (Schedule WC, line 10)	2	.00
3 Biodiesel fuel production credit (Schedule BC, line 6 or 6b for fiduciaries)	3	20.00
4 Health insurance risk-sharing plan assessments credit – • <i>Corporations</i> (see line 35 to claim this credit) • <i>Fiduciaries</i> (see instructions) – Beneficiaries portion .00 • <i>Individuals</i> (enter amount from Schedule 2K-1, 3K -1, or 5K-1)	4	.00
5 Veteran employment credit (Schedule VE, line 8 or 8b for fiduciaries)	5	35.00
6 Film production company investment credit carryforward (Schedule FP, line 8)	6	.00
7 Community rehabilitation program credit (Schedule CM, line 7)	7	.00
8 Add lines 1 through 7 and enter on line 8. • Individuals and Fiduciaries: Enter this amount on line 25 of Form 1, line 51 of Form 1NPR, line 8 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 33 of Part II	8	55.00

B. Nonrefundable Credits

9 Film production services credit carryforward (Schedule FP, line 7)	9	.00
10 Manufacturer's sales tax credit carryforward (Schedule MS, line 3)	10	.00
11 Manufacturing investment credit (Schedule MI, line 6)	11	.00
12 Dairy and livestock farm investment credit (Schedule DI, line 9)	12	.00
13 Ethanol and biodiesel fuel pump credit (Schedule EB, line 7)	13	.00
14 Development zones credit (Schedule DC, lines 7, 15, and 23)	14	.00
15 Technology zone credit (Schedule TC, line 8)	15	.00
16 Economic development tax credit (Schedule ED, line 5)	16	.00
17 Early stage seed investment credit (Schedule VC, line 12)	17	.00
18 Angel investment credit – Individuals only (Schedule VC, line 6)	18	.00
19 Electronic medical records credit (Schedule EM, line 3 or 3b for fiduciaries)	19	15.00
20 Internet equipment credit carryforward	20	.00
21 Add lines 9 through 20 and enter on line 21. • Individuals and Fiduciaries: Enter this amount on line 31 of Form 1, line 57 of Form 1NPR, line 13 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 34 of Part II	21	15.00

C. Refundable Credits

22 Enterprise zone jobs credit (Schedule EC, line 3 or 3b for fiduciaries)	22	.00
23 Dairy manufacturing facility investment credit (Schedule DM, line 13 or 13b for fiduciaries)	23	.00
24 Dairy cooperatives credit (Schedule DM, line 14 or 14b for fiduciaries)	24	.00
25 Meat processing facility investment credit (Schedule MP, line 7 or 7b for fiduciaries)	25	.00
26 Film production services credit (Schedule FP, line 3 or 3b for fiduciaries)	26	.00
27 Film production company investment credit (Schedule FP, line 6 or 6b for fiduciaries)	27	.00
28 Woody biomass harvesting and processing credit (Schedule WB, line 5 or 5b for fiduciaries)	28	.00
29 Food processing plant and food warehouse investment credit (Schedule FW, line 7 or 7b for fiduciaries)	29	.00
30 Beginning farmer and farm asset owner credit (Schedule FL, line 2, 6 or 6b for fiduciaries)	30	.00
31 Jobs tax credit (Schedule JT, line 9)	31	100.00
32 Add lines 22 through 31 and enter on line 32. • Individuals and Fiduciaries: Enter this amount on line 49 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 31 of Form 4T. • Corporations: Enter this amount on line 52 of Part II	32	100.00



Name TEST RED MAPLE TRUST	Identifying Number 40-0005424
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1	Fill in the number of gallons of biodiesel fuel you produced in Wisconsin during the taxable year. If the number of gallons is less than 2,500,000, you do not qualify for the credit	1	_____
2	Multiply the number on line 1 by .10 (10 cents)	2	_____
3	Fill in the biodiesel fuel production credit passed through from other entities	3	25
4	Add the amounts on lines 2 and 3	4	25
5	Maximum yearly credit	5	\$1,000,000
6	Fill in the smaller of line 4 or line 5. This is your 2012 biodiesel fuel production credit (see instructions)	6	25
6a	Fiduciaries – Fill in the amount of credit allocated to beneficiaries	6a	0
6b	Fiduciaries – Subtract line 6a from line 6	6b	25

Instructions for 2012 Schedule BC

GENERAL INSTRUCTIONS

Purpose of Schedule BC

Use Schedule BC to claim the biodiesel fuel production credit. The credit is available for taxable years beginning after December 31, 2011, and before January 1, 2015.

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, tax-option (S) corporation, insurance company, or tax-exempt organization may be eligible for the credit based on the number of gallons of biodiesel fuel produced in Wisconsin during the taxable year.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit; instead the credit flows through to the partners, members, or shareholders based on their ownership interests.

Estates and trusts share the credit with their beneficiaries in proportion to the income allocable to each.

Definition

"Biodiesel fuel" means a fuel that is comprised of monoalkyl esters of long chain fatty acids derived from vegetable oils or animal fats. The fuel must (1) be registered as a biodiesel fuel by the manufacturer under 40 CFR Part 79, (2) be pure biodiesel fuel, is identified as such with the alphanumeric B100, and does not contain any petroleum product, any additive, or other foreign material, and (3) meet all of the applicable requirements of the American Society for Testing and Materials.

Credit is Income

The credit that you compute on Schedule BC is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryforward of Unused Credits

The biodiesel fuel production credit is nonrefundable. Any unused credit may be carried forward for 15 years.

If there is a reorganization of a corporation claiming the biodiesel fuel production credit, the limitations provided by Internal Revenue Code section 383 may apply to the carryover of any unused credit.

SPECIFIC INSTRUCTIONS

Line 1 To qualify for the credit, you must produce at least 2,500,000 gallons of biodiesel fuel in Wisconsin during the taxable year. Do not complete Schedule BC if you produce less than 2,500,000 gallons.

Line 3 Fill in the amount of biodiesel fuel production credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 6 Enter the amount of credit from line 6 on line 3 of Schedule CR. See the following exceptions:

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.
- Tax-option (S) corporations, partnerships, and LLCs treated as partnerships should prorate the amount of credit on line 6 among the shareholders, partners, or members based on their ownership interest. Show the credit for each shareholder on Schedule 5K-1 and for each partner or member on Schedule 3K-1.
- Fiduciaries – Complete lines 6a and 6b.

Line 6a *Fiduciaries* – Prorate the credit from line 6 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries' portion of the credit on line 6a. Show the credit for each beneficiary on Schedule 2K-1.

Line 6b Subtract line 6a from line 6. This is the estate's or trust's portion of the credit. Fill in here and on line 3 of Schedule CR.

Required Attachment to Return

File your completed Schedule BC with your Wisconsin franchise or income tax return.

Additional Information

For more information, you may contact any Department of Revenue office or:

- Call (608) 266-2772
- E-mail your question to: corp@revenue.wi.gov.

Name TEST RED MAPLE TRUST	Identifying Number 40-0005424
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1 Enter the number of qualified disabled veterans hired in the taxable year to work full-time at your business in Wisconsin (see instructions)	1	_____		
2 Multiply the number on line 1 by \$4,000	2	_____		.00
3 Enter the number of qualified disabled veterans hired in the taxable year to work part-time at your business in Wisconsin	3	_____		
4 Enter the amount of credit for hiring a qualified disabled veteran to work part-time at your business in Wisconsin (from line D of worksheet on page 2)	4	_____		.00
5 Add the amounts on lines 2 and 4	5	_____		.00
6 If line 5 is greater than zero, enter your business activity (NAICS) code. If line 5 is zero, skip line 6 and go on to line 7	6	_____		
7 Enter the amount of veteran employment credit passed through from other entities	7	_____		35.00
8 Add lines 5 and 7. This is your 2012 veteran employment credit (see instructions)	8	_____		35.00
8a Fiduciaries – Enter the amount of credit allocated to beneficiaries	8a	_____		0.00
8b Fiduciaries – Subtract line 8a from line 8	8b	_____		35.00



Name TEST RED MAPLE TRUST	Identifying Number 40-0005424
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Worksheet to Compute Credit for Disabled Veterans Hired to Work Part-Time

	Veteran #1	Veteran #2	Veteran #3	Veteran #4	Veteran #5	Veteran #6
A. Number of hours disabled veteran worked for this employer during the taxable year (round to the nearest hour)						
B. Divide the number on line A by 2080 (round decimal to four places)						
C. Multiply \$2,000 by the decimal on line B (round to the nearest dollar). This is your credit for this part-time employee						
D. Total of amount from line C of all columns. This is your credit for all part-time disabled veterans. . . . .						.00

WORKSHEET INSTRUCTIONS

Complete the above worksheet to determine your credit for hiring a qualified disabled veteran to work part-time for your business in Wisconsin. If you hired more than one veteran to work part-time, you must complete a separate column of the worksheet for each veteran. If you hired more than six disabled veterans to work part-time, you may make additional copies of the worksheet as needed.

Fill in the amount from line D of the worksheet on line 4 of Schedule VE. If you have completed more than one worksheet, add the amounts from line D of all worksheets and fill in the total on line 4 of Schedule VE. All worksheets must be submitted with Schedule VE.

**Electronic Medical Records
Credit**

2012

Wisconsin Department
of Revenue

Enclose with Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Name TEST RED MAPLE TRUST	Identifying Number 400005424
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1 Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue **1** 15 .00

2 Electronic medical records credit passed through from other entities

2a Entity Name _____
 FEIN _____ **2a** Amount _____ .00

2b Entity Name _____
 FEIN _____ **2b** Amount _____ .00

2c Entity Name _____
 FEIN _____ **2c** Amount _____ .00

2d Entity Name _____
 FEIN _____ **2d** Amount _____ .00

2e Total pass through credits from additional schedule . **2e** _____ .00

2f Total credits (add lines 2a through 2e) **2f** .00

3 Add the amounts on lines 1 and 2f. This is your 2012 electronic medical records credit (see instructions) **3** 15 .00

3a Fiduciaries – Fill in the amount of credit allocated to beneficiaries **3a** .00

3b Fiduciaries – Subtract line 3a from line 3 **3b** 15 .00



Instructions for 2012 Schedule EM

GENERAL INSTRUCTIONS

Purpose of Schedule EM

Use Schedule EM to claim the electronic medical records credit. The credit is available for taxable years beginning after December 31, 2011, to taxpayers who are certified by the Wisconsin Department of Revenue (DOR).

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, tax-option (S) corporation, insurance company, or tax-exempt organization that is certified by the DOR may be eligible for the credit.

The credit is based on the amount paid by the claimant in the taxable year for information technology hardware or software that is used to maintain medical records in electronic form. The claimant must qualify as a health care provider as defined in sec. 146.81(1)(a) to (p), Wis. Stats. Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit; instead the credit flows through to the partners, members, or shareholders based on their ownership interests.

Estates and trusts share the credit with their beneficiaries in proportion to the income allocable to each.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the DOR.
- The claimant received from the DOR a notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

Credit is Income

The credit that you compute on Schedule EM is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryforward of Unused Credits

The electronic medical records credit is nonrefundable. Any unused credit may be carried forward for 15 years.

If there is a reorganization of a corporation claiming the electronic medical records credit, the limitations provided by Internal Revenue Code section 383 may apply to the carryover of any unused credit.

SPECIFIC INSTRUCTIONS

Line 1 Enter the amount of tax benefits reported on the notice of eligibility received from the DOR.

Line 2 Enter the amount of electronic medical records credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Provide the following information about the pass through entity: the name of the entity, the federal employer identification number, and amount of credit passed through from the other entities. If additional lines are required, attach a schedule.

Line 3 Enter the amount of credit from line 3 on line 19 of Schedule CR. See the following exceptions:

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.
- Tax-option (S) corporations, partnerships, and LLCs treated as partnerships should prorate the amount of credit on line 3 among the shareholders, partners, or members based on their ownership interest. Show the credit for each shareholder on Schedule 5K-1 and for each partner or member on Schedule 3K-1.
- Fiduciaries – Complete lines 3a and 3b.

Line 3a Fiduciaries – Prorate the credit from line 3 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries' portion of the credit on line 3a. Show the credit for each beneficiary on Schedule 2K-1.

Line 3b Subtract line 3a from line 3. This is the estate's or trust's portion of the credit. Fill in here and on line 19 of Schedule CR.

Required Attachment to Return

File your completed Schedule EM with your Wisconsin franchise or income tax return. Also include a copy of your DOR certification to claim the credit and the notice of eligibility. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule EM instead of the certification and notice of eligibility.

Additional Information

For more information, you may contact any Department of Revenue office or:

- Call (608) 266-2772
- E-mail your question to: corp@revenue.wi.gov.

Name TEST RED MAPLE TRUST	Identifying Number 400005424
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1 Enter amount of wage tax benefits awarded by the Wisconsin Economic Development Corporation	1	30
2 Enter amount awarded by the Wisconsin Economic Development Corporation for costs incurred to undertake training activities	2	10
3 Add lines 1 and 2	3	40
4 Enter jobs tax credit passed through from other entities	4	60
5 Add lines 3 and 4. This is your 2012 jobs tax credit	5	100
5a Fiduciaries - enter the amount of credit allocated to beneficiaries	5a	0
5b Fiduciaries - subtract line 5a from line 5	5b	100
6 Unused 2010 jobs tax credit	6	0
7 Unused 2011 jobs tax credit	7	0
8 Add lines 6 and 7	8	0
9 Add lines 5 and 8 (lines 5b and 8 for fiduciaries). This is the available jobs tax credit	9	100

Instructions for 2012 Schedule JT

Purpose of Schedule JT

Use Schedule JT to claim the jobs tax credit, which is available for taxpayers who are certified by the Wisconsin Economic Development Corporation (WEDC). For information regarding how to become certified, visit the WEDC web site at www.wedc.org or write to the WEDC, PO Box 1687, Madison WI 53701-1687.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit amount attributable to the entity's business operations passes through to the partners, members or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the WEDC.
- The claimant has received from the WEDC notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

The credit is based on wages paid to an eligible employee and costs incurred to undertake training activities.

Credit is Income

The credit you compute on Schedule JT is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryforward of Unused Credits

For taxable years beginning in 2010 and 2011, the jobs tax credit was nonrefundable. The credit could only be used to offset tax due. Any unused credit for these two years may be carried forward to taxable years beginning in 2012. The credit is refundable for taxable years beginning in 2012 and thereafter.

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation or tax-exempt organization that is certified by the WEDC may be eligible for the credit.

Specific Line Instructions

Line 1: Enter the amount of wage tax benefits reported on the notice of eligibility received from the WEDC.

Line 2: Enter the amount awarded by the WEDC for costs incurred to undertake training activities.

Line 4: Enter the amount of jobs tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 5: This is the total current year jobs tax credit.

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.

Special Instructions for Pass-Through Entities:

- **Tax-option (S) corporations, partnerships, and LLCs treated as partnerships:** Prorate the jobs tax credit on line 5 among the shareholders, partners, or members. Show the credit for each shareholder on Schedule 5K-1 and for each partner or LLC member on Schedule 3K-1.
- **Fiduciaries:** Complete lines 5a and 5b.

Line 5a: Fiduciaries - Prorate the credit from line 5 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries' portion of the credit on line 5a. Show the credit for each beneficiary on Schedule 2K-1.

Line 5b: Fiduciaries - Subtract line 5a from line 5. This is the estate or trusts portion of the credit. Enter the amount of credit from line 5b on the appropriate line of Schedule CR.

Line 6: Enter the amount of your 2010 jobs tax credit that was not used to offset tax on your 2010 return.

Line 7: Enter the amount of your 2011 jobs tax credit that was not used to offset tax on your 2011 return.

Line 9: Add lines 5 and 8 (5b and 8 for fiduciaries). Enter the amount of credit from line 9 on the appropriate line of Schedule CR. If the claimant is a combined group member, enter the amount of credit from line 9 on Form 4M instead of Schedule CR.

Required Attachments to Return

File your completed Schedule JT with your Wisconsin franchise or income tax return. Also include a copy of your certification to claim tax benefits and the notice of eligibility that reports the amount of tax benefits that you obtain from the WEDC. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule JT instead of the certification to claim tax benefits and notice of eligibility.

Additional Information

For more information, you may:

- E-mail your question to corp@revenue.wi.gov
- Call (608) 266-2772 [TTY: Call the Wisconsin Telecommunications Relay System at 711]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison WI 53708-8906.