

Form 2 MeF ATS Scenario #26

Forms Included in Scenario #26

Form 2
Schedule NR
Schedule 2M

Trust Name and FEIN

TEST OAK TREE TRUST
40 0005426

Personal Representative or Trustee Name and Mailing Address

BRANCH TREE BANK
2135 RIMROCK RD
MADISON WI 53708

Name/address change question should be marked

Entity creation date and info

03 01 2004
Irrevocable Trust
Grantor is not a Wisconsin Resident

Tax Type

Electing Small Business Trust (ESBT tax rate is 7.65%)

Return payment and next year's estimated payments

Taxpayer would like the amount owed on the return directly debited as follows:

Routing Number: 075911852
Bank Account Number: 7890123456
Bank Account Type: Checking
Payment Amount: \$668.00
Requested Payment Date: 04/15/2015

Also, taxpayer would like to schedule estimate payments for tax year 2015:

Routing Number: 075911852
Bank Account Number: 7890123456
Bank Account Type: Savings

<u>Payment Date</u>	<u>Payment Amount</u>
4/15/2014	\$100
6/16/2014	\$200
9/15/2014	\$300
1-15/2015	\$400

Form 2 Wisconsin fiduciary income tax for estates or trusts

2014

Use **BLACK INK** For 2014 or taxable year beginning MM DD YY YY and ending MM DD YY YY

DO NOT STAPLE

ESTATES ONLY - Legal last name		Legal first name		M.I.
ESTATES ONLY - Decedent's social security number		Estate's federal EIN		
TRUSTS ONLY - Legal name TEST OAK TREE TRUST			Trust's federal EIN 40 0005426	
Name of personal representative, petitioner, or trustee BRANCH TREE BANK				
Address of personal representative, petitioner, or trustee 2135 RIMROCK ROAD		City MADISON	State WI	Zip code 53708
County of jurisdiction		Probate case number		

Check if applicable Initial return Final return Amended return Address or name change

Check one
 Electing small business trust
 Qualified funeral trust
 Bankruptcy estate
 Inter vivos trust
 Testamentary trust
 Section 645 election
 Decedent's estate

Date trust or bankruptcy estate was created or date of decedent's death 03 01 2004
MM DD YY YY

If an estate, enter age of decedent at date of death _____

If this is a trust return, is the trust Revocable or Irrevocable?

If a trust, is the grantor a resident of Wisconsin? Yes No

Has Form W706 been filed? Yes No

Special Conditions

Address where decedent lived at time of death _____ Zip code _____

Print numbers like this → 0123456789 Not like this → 0147 **NO COMMAS; NO CENTS**

1	Federal taxable income of fiduciary (see instructions)	1	3900.00
2	Additions (from Schedule A or NR)	2	.00
3	Add lines 1 and 2	3	3900.00
4	Subtractions (from Schedule A or NR)	4	975.00
5	Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	5	2925.00
6a	Gross tax (see instructions, page 4)	6a	868.00
6b	ESBT (see instructions, page 4)	6b	9800.00
7	Certain nonrefundable credits from line 11 of Schedule CR	7	.00
8	Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill in zero (0)	8	868.00
9	Alternative minimum tax. Enclose Schedule MT	9	.00
10	Add lines 8 and 9	10	868.00
11	Other credits from Schedule CR, line 34	11	0.00
12	Net tax paid to another state. Enclose Schedule OS	12	.00
13	Add credits on lines 11 and 12	13	0.00
14	Subtract line 13 from line 10. If line 13 is larger than line 10, enter zero (0)	14	868.00

Paperclip check or money order here



NO COMMAS; NO CENTS

15	Enter amount from line 14	15	868.00
16	Wisconsin income tax withheld (see instructions)	16	.00
17	2014 estimated payments and amount applied from 2013 return	17	.00
18	Farmland preservation credit. a Schedule FC, line 18	18a	.00
	b Schedule FC-A, line 13	18b	.00
19	Other credits from Schedule CR, line 38	19	.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 original return less amount applied to 2015 estimated tax	22	.00
23	Subtract line 22 from line 21	23	.00
24	If line 23 is larger than line 15, subtract line 15 from line 23. AMOUNT 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 2015 ESTIMATED TAX	26	.00
27	If line 23 is less than line 15, subtract line 23 from line 15. BALANCE DUE	27	868.00
28	Underpayment interest. Exception code – See Schedule U Also include on line 27 (see instructions, page 7)	28	.00



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

Also paper clip copies of Wisconsin Schedules 2K-1, 2M, 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 _____
Name _____ Signature of preparer _____ Date _____ Daytime phone _____

Mail your return to: Wisconsin Department of Revenue
• If making a payment or submitting Schedule CC to request a closing certificatePO Box 8918, Madison WI 53708-8918
• All other trusts and estates.....PO Box 8955, Madison WI 53708-8955

For Department Use Only		
C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name(s) shown on Form 2	Decedent's social security number	Estate's / Trust's FEIN
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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 from Schedule B of Form 2		.00
2. Interest (less related expenses) on state and municipal obligations	.00	.00
3. Deduction for taxes from federal Form 1041	.00	.00
4. Capital gain/loss adjustment (see instructions)		.00
5. 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:	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
7. Adjustment from Schedule B of Form 2		.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 subtractions: COL. 1 – enter total and describe below	.00	
COL. 2 – enter amount from Part II, line 35, of Schedule 2M		.00
12. Add lines 7 through 11 and enter on line 4 of Form 2		.00

SCHEDULE B – Adjustments to Convert 2014 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 11)

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2014	
	COL. 1 – Distributable (Enter on Schedule 2K-1)	COL. 2 – Nondistributable (Enter on Schedule A*)
1. TOTAL from enclosed schedule	.00	.00

* If a **positive number**, enter on line 1.
If a **negative number**, enter on line 7 as a positive number.

Note: The figure in COL. 2 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
2. TOTAL – Combine amounts in column C. Fill in here and on line 6 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
4. TOTAL – Combine amounts in column C. Fill in here and on line 15 of Wisconsin Schedule WD (Form 2)			.00

Schedule **NR**

**Computation of Wisconsin Taxable Income
For Part-Year and Nonresident
Estates and Trusts**

2014

Wisconsin
Department of Revenue

Enclose with Wisconsin Form 2

ESTATES ONLY -- Legal last name		First name	M.I.	Decedent's social security number
TRUSTS ONLY -- Legal name			Estate's/Trust's federal EIN	
TEST OAK TREE TRUST			40 0005426	

Part I Computation of Wisconsin Taxable Income		(a) Federal Amount	(b) Wisconsin Amount	(c) Non-Wisconsin
1	Interest income			
2	Dividends			
3	Business income or (loss)			
4	Capital gain or (loss) (From Schedule WD)			
5	Rents, royalties, partnerships, estates and trusts, etc.	4000	3000	1000
6	Farm income or (loss)			
7	Ordinary gain or (loss) (Form 4797)			
8	Other income (state nature)		500	
9	Total income (add lines 1 through 8)	4000	3500	1000
10	Interest expense			
11	Taxes		Not deductible for Wisconsin	
12	Fiduciary fees			
13	Charitable deduction			
14	Attorney, accountant, and return preparer fees			
15	Other deductions not subject to 2% floor		500	
16	Net operating loss deduction			
17	Allowable itemized deductions subject to 2% floor			
18	Total deductions (add lines 10 through 17)			
19	Adjusted total income of fiduciary (subtract line 18 from line 9)	4000	3000	1000
20	Income distribution deduction			
21	Estate tax deduction			
22	Exemption	100	75	25
23	Total deductions (add lines 20 through 22)	100	75	975
24	Taxable income of fiduciary (subtract line 23 from line 19)	3900	2925	0
Part II Computation of Addition or Subtraction Modification				
1	Federal income reported on line 1 of Form 2	3900		
2	Wisconsin taxable income (from line 24, column (b))	2925		
3	If line 1 is less than line 2, subtract line 1 from line 2. Fill in the result here and on line 2 of Form 2			
4	If line 1 is more than line 2, subtract line 2 from line 1. Fill in the result here and on line 4 of Form 2			
		975		

Name of estate or trust TEST OAK TREE TRUST	Decedent's social security number	Estate or trust federal EIN 40 0005426
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See the instructions for Schedule A of Form 2 for further information on these additions and subtractions.

Part I – Additions to Income Taxable to the Estate or Trust (Nondistributable Income)

<u>1</u> Farmland preservation credit	<u>1</u>	.00
<u>2</u> Enterprise zone jobs credit	<u>2</u>	.00
<u>3</u> Development zones credit	<u>3</u>	.00
<u>4</u> Technology zones credit	<u>4</u>	.00
<u>5</u> Manufacturing investment credit	<u>5</u>	.00
<u>6</u> Economic development tax credit	<u>6</u>	.00
<u>7</u> Jobs tax credit	<u>7</u>	.00
<u>8</u> Woody biomass harvesting and processing credit	<u>8</u>	.00
<u>9</u> Community rehabilitation program credit	<u>9</u>	.00
<u>10</u> Manufacturing / Agriculture credit	<u>10</u>	.00
<u>11</u> Federal net operating loss carryover	<u>11</u>	.00
<u>12</u> Passive foreign investment company	<u>12</u>	.00
<u>13</u> Addition for certain expenses paid to related entities	<u>13</u>	500.00
<u>14</u> Lump-sum distribution	<u>14</u>	.00
<u>15</u> Transitional adjustments	<u>15</u>	.00
<u>16</u> Distributive share of pass-through entity adjustments	<u>16</u>	.00
<u>17</u> Adjustment to ordinary gain or loss reported on federal Form 4797	<u>17</u>	.00
<u>18</u> Addition for difference in federal and Wisconsin basis of assets	<u>18</u>	.00
<u>19</u> Add lines 1 through 18. Resident estates and trusts fill in on line 5, COL. 2, of Schedule A of Form 2	<u>19</u>	500.00

Part-year and nonresident estates and trusts must use the additions from Part I to complete Part I of Schedule NR.

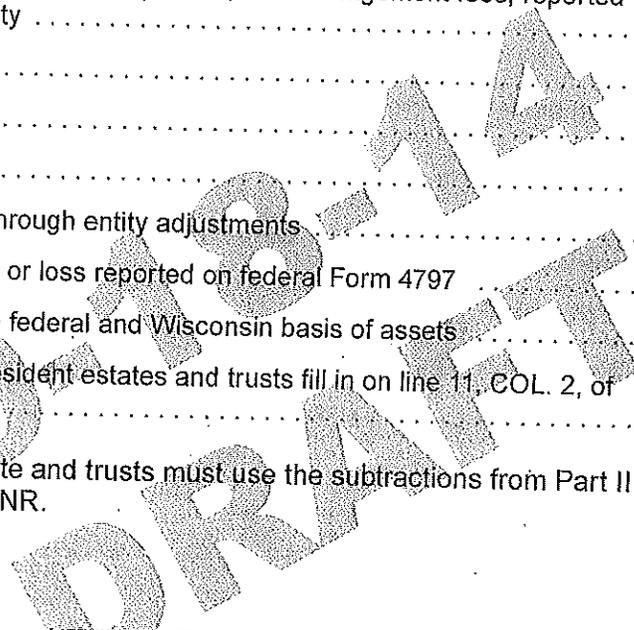


Name of estate or trust TEST OAK TREE TRUST	Decedent's social security number	Estate or trust federal EIN 40 0005426
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Part II – Subtractions from Income Taxable to the Estate or Trust (Nondistributable Income)

20 Farm loss carryover	20	.00
21 Recoveries of federal itemized deductions	21	.00
22 Wisconsin net operating loss carryforward	22	.00
23 Retirement funds	23	.00
24 Amounts not taxable by Wisconsin	24	.00
25 Repayment of income previously taxed	25	.00
26 ATV corridors	26	.00
27 Subtraction for certain expenses paid to related entities	27	500.00
28 Interest, rental payments, intangible expenses, and management fees, reported as income by a related entity	28	.00
29 Relocated business	29	.00
30 Job creation	30	.00
31 Transitional adjustments	31	.00
32 Distributive share of pass-through entity adjustments	32	.00
33 Adjustment to ordinary gain or loss reported on federal Form 4797	33	.00
34 Subtraction for difference in federal and Wisconsin basis of assets	34	.00
35 Add lines 20 through 34. Resident estates and trusts fill in on line 11, COL. 2, of Schedule A of Form 2	35	500.00

Part-year and nonresident estate and trusts must use the subtractions from Part II to complete Part I of Schedule NR.



Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

A Check all that apply:

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate
 Bankruptcy estate—Ch. 11
 Pooled income fund

For calendar year 2014 or fiscal year beginning _____, 2014, and ending _____, 20____

Name of estate or trust (if a grantor type trust, see the instructions.)
Test Oak Tree Trust

Name and title of fiduciary
Branch Tree Bank

Number, street, and room or suite no. (if a P.O. box, see the instructions.)
2135 Rimrock Rd

City or town, state or province, country, and ZIP or foreign postal code
Madison, WI 53708

C Employer identification number
40-0005426

D Date entity created
03/01/2004

E Nonexempt charitable and split-interest trusts: check applicable box(es) (see instructions).
 Described in sec. 4947(a)(1). Check here if not a private foundation
 Described in sec. 4947(a)(2)
 Net operating loss carryback
 Change in fiduciary's address

F Check applicable boxes:
 Initial return
 Final return
 Amended return
 Change in trust's name
 Change in fiduciary
 Change in fiduciary's name
 Trust TIN

G Check here if the estate or trust made a section 645 election:

Income	1 Interest income	1	
	2a Total ordinary dividends	2a	
	b Qualified dividends allocable to: (1) Beneficiaries; (2) Estate or trust	2b	
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4	
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	4000
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7 Ordinary gain or (loss). Attach Form 4797	7	
	8 Other income. List type and amount	8	
9 Total income. Combine lines 1, 2a, and 3 through 8	9	4000	
Deductions	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11 Taxes	11	
	12 Fiduciary fees	12	
	13 Charitable deduction (from Schedule A, line 7)	13	
	14 Attorney, accountant, and return preparer fees	14	
	15a Other deductions not subject to the 2% floor (attach schedule)	15a	
	b Net operating loss deduction (see instructions)	15b	
	c Allowable miscellaneous itemized deductions subject to the 2% floor	15c	
	16 Add lines 10 through 15c	16	
	17 Adjusted total income or (loss). Subtract line 16 from line 9	17	4000
	18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	
19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20 Exemption	20	100	
21 Add lines 18 through 20	21	100	
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3900
	23 Total tax (from Schedule G, line 7)	23	
	24 Payments: a 2014 estimated tax payments and amount applied from 2013 return	24a	
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c Subtract line 24b from line 24a	24c	
	d Tax paid with Form 7004 (see instructions)	24d	
	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
	Other payments: f Form 2439 _____; g Form 4136 _____; Total ▶	24h	
	25 Total payments. Add lines 24c through 24e, and 24h	25	
26 Estimated tax penalty (see instructions)	26		
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27		
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28		
29 Amount of line 28 to be: a Credited to 2015 estimated tax ▶ ; b Refunded ▶	29		

Sign Here 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.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name **▶** _____ Firm's EIN **▶** _____

Firm's address **▶** _____ Phone no. _____

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1	
2	Tax-exempt income allocable to charitable contributions (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1) (see instructions)	3	
4	Enter amount from Schedule A, line 4, (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income (see instructions)	1a	
	b Tax on lump-sum distributions. Attach Form 4972	1b	
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c	
	d Total. Add lines 1a through 1c	1d	
2a	Foreign tax credit. Attach Form 1116	2a	
b	General business credit. Attach Form 3800	2b	
c	Credit for prior year minimum tax. Attach Form 8801	2c	
d	Bond credits. Attach Form 8912	2d	
e	Total credits. Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1d. If zero or less, enter -0-	3	
4	Net investment income tax from Form 8960, line 21	4	
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	5	
6	Household employment taxes. Attach Schedule H (Form 1040)	6	
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23	7	

Other Information

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9		