

2012

For 2012 or taxable year beginning

and ending

$$\overline{M} \quad \overline{M} \quad \overline{D} \quad \overline{D} \quad \overline{Y} \quad \overline{Y} \quad \overline{Y} \quad \overline{Y}$$
$$\overline{M} \quad \overline{M} \quad \overline{D} \quad \overline{D} \quad \overline{Y} \quad \overline{Y} \quad \overline{Y} \quad \overline{Y}$$

DO NOT STAPLE

ESTATES ONLY – Legal last name		Legal first name		M.I.	Decedent's social security number	
TRUSTS ONLY – Legal name						
Name of personal representative, petitioner, or trustee						
Address of personal representative, petitioner, or trustee			City		State	Zip code
County of jurisdiction		Probate case number			Estate's/Trust's federal EIN	
Check if applicable <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address or name change					<i>Check one</i> <input type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified funeral trust <input type="checkbox"/> Bankruptcy estate <input 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 _____ If an estate, enter age of decedent at date of death _____ If this is a trust return, is the trust <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable? If a trust, is the grantor a resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Special Conditions <input type="text"/> _____						
Address where decedent lived at time of death				Zip code		

NO COMMAS; NO CENTS

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

Paperclip check or money order here



NO COMMAS; NO CENTS

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

Date

Daytime phone

()

Mail your return to:

Wisconsin Department of Revenue

For Department
Use Only

C

• 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



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 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. Deduction for taxes from 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	.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	.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