

Form 2 Wisconsin fiduciary income tax for estates or trusts

2015

Use **BLACK INK** For 2015 or taxable year beginning and ending

DO NOT STAPLE

ESTATES ONLY – Decedent's legal last name	Decedent's legal first name	M.I.
ESTATES ONLY – Decedent's social security number	Estate's federal EIN	
TRUSTS ONLY – Legal name	Trust's federal EIN	
Name of personal representative, petitioner, or trustee		
Address of personal representative, petitioner, or trustee	City	State Zip code
County of jurisdiction	Probate case number	

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	Check one <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 <u> </u> <u> </u> <u> </u> <u> </u> If an estate, enter age of decedent at date of death <u> </u> 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="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	.00
2 Additions (from Schedule A or NR)	2	.00
3 Add lines 1 and 2	3	.00
4 Subtractions (from Schedule A or NR)	4	.00
5 Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	5	.00
6a Gross tax (see instructions, page 4)	6a	.00
6b ESBT (see instructions, page 4)	6b	.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	.00
9 Alternative minimum tax. Enclose Schedule MT	9	.00
10 Add lines 8 and 9	10	.00
11 Other credits from Schedule CR, line 35	11	.00
12 Net tax paid to another state. Enclose Schedule OS	12	.00
13 Add credits on lines 11 and 12	13	.00
14 Subtract line 13 from line 10. If line 13 is larger than line 10, enter zero (0)	14	.00



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. }

	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
ADDITIONS:		
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:		
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 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 Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 11)

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2015	
	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