Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

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Schedule **2K-1**

Wisconsin Department of Revenue

Beneficiary's Share of Income, Deductions, etc.

For 2015 or taxable year beginning _____, 2015, and ending _____, 20____

2015

Part I Information About the Estate or Trust	**Part II** Information About the Beneficiary
A Estate's or trust's federal employer ID number	**C** Beneficiary's identifying number
B Estate's or trust's name, address, city, state, and ZIP code	**D** Beneficiary's name, address, city, state, and ZIP code

E Check applicable boxes: ☐ **Final 2K-1** ☐ **Amended 2K-1**

F ☐ Check if beneficiary is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

Part III **Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items**

	(a) Distributive share items	*(b)* Federal amount	*(c)* Adjustment	*(d)* Wisconsin amount
1	Interest income			
2	Ordinary dividends			
3	Net short-term capital gain			
4a	Net long-term capital gain			
4b	Portion of the amount on line 4a, column (d) that is attributable to gain on the sale of farm assets			
5	Other portfolio income			
6	Ordinary business income			
7	Net rental real estate income			
8	Other rental income			
9	Directly apportioned deductions (list):			
10	Estate tax deduction			
11	Final year deductions (list):			
12	Alternative minimum tax adjustment (list):			

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(a) Distributive share items	*(b)* Federal amount	*(c)* Adjustment	*(d)* Wisconsin amount
13 Other information (list):			
14 Related entity expenses:			
a Related entity expense addback		**14a**	
b Related entity expense allowable		**b**	
15 Wisconsin credits:			
a Schedule _____		**15a**	
b Schedule _____		**b**	
c Schedule _____		**c**	
d Schedule _____		**d**	
e Schedule _____		**e**	
f Schedule _____		**f**	
g Schedule _____		**g**	
h Schedule _____		**h**	
i Schedule _____		**i**	
j Schedule _____		**j**	
k Schedule _____		**k**	
L Schedule _____		**L**	
m Schedule _____		**m**	
n Schedule _____		**n**	
o Schedule _____		**o**	
p Wisconsin tax withheld		**p**	

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