See instructions for completing form.

SCHEDULE CS

Department of Revenue

Wisconsin

College Savings Accounts (Edvest and Tomorrow's Scholar)

File with Wisconsin Form 1 or 1NPR

2017

Social Security Number Part I Owners of the Edvest or Tomorrow's Scholar account Section A - Allowable Subtraction 1 Name of account beneficiary: Last First .00 .00 .00 .00 6 Allowable subtraction. Add lines 4 and 5 (see instructions for further limitations). .00 Do not fill in more than \$3,140 (\$1,570 if married filing separate or a divorced parent) 6 Section B – Eligible Carryover 7 Carryover to future years. Subtract line 6 from line 2. If line 6 is more than line 2, .00 Section C – Total Amount Contributed to Account for 2014 – 2017 .00 9 Amount contributed to the account for 2014 - 2016 (from line 10 of 2016 Schedule CS) 9 .00 **10** Add lines 2, 8, and 9. This is the total amount contributed to the account for 2014 – 2017 **10** .00 Part II Persons other than the account owner Section A - Allowable Subtraction 11 Name and address of account owner First 12 Name of account beneficiary: Last .00 .00 .00 .00 17 Allowable subtraction. Add lines 15 and 16 (see instructions for further limitations). .00 Section B - Eligible Carryover 18 Carryover to future years. Subtract line 17 from line 13. If line 17 is more than line 13, .00 Part III Withdrawals within 365 days of deposit 19 Using a first-in, first-out method, did you withdraw an amount in 2017 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)? a If yes, fill in the amount deposited and withdrawn within 365 days 19a .00 Fill in the portion of the amount withdrawn that was previously claimed as a subtraction .00 Subtract line 19b from line 19a. This is the amount of carryover that must be reduced. .00



2017 Schedule CS Page 2 of 2

2017	Scriedule	: 03		Fage 2 01 2
Name			Social Security Number	er
Acco Bene	ount eficiary:	Last First name name		
Pai	rt IV D	Distributions from a college savings account rolled over or not u	sed for qualifi	ed education expenses
	Section	A – Distribution Not Used for Qualified Higher Education Expenses		
20	Who rec	eived the distribution check (check one):		
	acc	ount owner (Name of owner)
		ount beneficiary (Name of beneficiary		
21	If the owner or beneficiary was subject to a federal penalty for 2017 because a distribution was not used for qualified higher education expenses, fill in the amount of the distribution not used for qualified higher education expenses			
22	2 Amount contributed to the account for 2014 – 2017 from line 10			
	3 Amount claimed as a subtraction for 2014 – 2017 by all contributors			
	Fill in the smaller of line 21, 22, or line 23. Add this amount to your (owner's) Wisconsin incom			·
25	If line 21 is greater than line 24, subtract line 24 from line 21. Any carryover must be reduced by this amount. Complete Part V			5 .00
	Section B – Rollover to another state's qualified tuition program (complete lines 26-28)			
26	If, during 2017, you rolled over an amount into another state's qualified tuition program, fill in the amount rolled over			.00
<u>27</u>	Fill in the portion of the amount on line 26 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income			.00
28	Subtract line 27 from line 26. This is the amount of carryover that must be reduced. Complete Part V			в
Pai	rt V C	Computation of Carryover from 2017 to 2018		
29	Carryove	er from line 34 of 2016 Schedule CS	2	.00
30	Carryove	er from line 7 or line 18 of 2017 Schedule CS	3	.00
31	Add amo	ounts on lines 29 and 30	3	1 .00
		e following amounts from this 2017 Schedule CS		
	a lines	5 or 16 32a	.00	
	b line 1	9c 32b	.00	
	c line 2	5 32c		
	d line 2	8 32d	.00	
33	Add the	amounts on lines 32a through 32d	3	.00
34	Subtract	line 33 from line 31.This is your carryover to 2018	3	.00

