

For 1995 or taxable year beginning \_\_\_\_\_, 1995, and ending \_\_\_\_\_

Please print or type

Estate only - Last name, First name and middle initial, Decedent's social security number, Trust's federal ID number (EIN), Trusts only - Name, If name change, state previous name, Name and address of personal representative, petitioner, or trustee, Address where decedent lived at time of death, Spouse's first name, Check whether: Decedent's estate, Bankruptcy estate, Testamentary trust, Inter vivos trust

Date trust or bankruptcy estate was created or date of decedent's death, Age of decedent, County of Jurisdiction, Probate Case Number, Is this the first return of the estate or trust?, Is this the final return of the estate or trust?, Are you requesting a closing certificate at this time?, The closing certificate will be mailed to the address below.

Name of individual/firm, Attention or c/o, Address, City, State, Zip code

FOR DEPT USE ONLY 2OP [ ] 2CL [ ] 7AU [ ] 8AU [ ] 9OP [ ] 9CL [ ] HOLD FOR

Table with 26 rows and 2 columns. Rows include: 1. Federal taxable income of fiduciary, 2. Additions, 3. Add lines 1 and 2, 4. Subtractions, 5. Wisconsin taxable income, 6. Gross tax, 7. Exemption/Historic credits, 8. Subtract line 7 from line 6, 9. Alternative minimum tax, 10. Add lines 8 and 9, 11. Development and enterprise zone credits, 12. Subtract line 11 from line 10, 13. Temporary recycling surcharge, 14. Add lines 12 and 13, 15. Wisconsin income tax withheld, 16. 1995 estimated payments, 17. Farmland preservation credit, 18. Net income tax paid, 19. Farmland tax relief credit, 20. AMENDED RETURN ONLY - amount paid, 21. Total lines 15 through 20, 22. AMENDED RETURN ONLY - refund, 23. Subtract line 22 from line 21, 24. If line 23 is larger than line 14, enter REFUND, 25. If line 23 is less than line 14, enter BALANCE DUE, 26. Amount of line 24 to be applied to your 1996 ESTIMATED TAX.

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.

Signature of fiduciary or trust officer, Date, Telephone number

PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer, Name of preparer other than fiduciary, Signature of preparer, Date

Mail this return to: Wisconsin Dept. of Revenue, P.O. Box 8904, Madison, WI 53708-8904

I-020 This space for department use only, R, MON, YR, T, MAN, D, A, P, C

