FORM 2

1996

_	Estate only - Last name	-	First name and middle initial	Decede	ent's social security	number T	rust's fed	eral ID nu	ımber (EIN)			
/pe	Trusts only - Name			If name	change state previo	ous name							
rts	Trusts only - Name If name change, state previous name												
Please print or typ	Name and address of personal representative, petitioner, or trustee								Check whether:				
ori										Decedent's estate			
je/										cy estate			
998									•	tary trust			
Ā	Address where decedent lived at t	ime of death		Spouse	e's first name				nter vivos	-			
	Date trust or bankruptcy estate was created or date of decedent's death									County of Jurisdiction			
	Is this the first return of the estate or trust? Yes No Age of decedent Yes No									Probate Case Number			
	Is this the final return of the estate or trust? Are you requesting a closing certificate at this time? Yes No If yes, see instructions.									Trobate case Hamber			
	The closing certificate w												
	Name of individual/firm				Attention or c/o								
	Address				City			State	Zip code)			
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Attach check or money order here			m attached federal Form 10 line 6)							•			
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ge.			2, line 12)							•			
õ	· ·		subtract line 4 from line 3)										
ě			line 5 using tax table)										
0			ions)				<i>'</i>						
r m		· · · · · · · · · · · · · · · · · · ·	ger than line 6, fill in zero (
0			ve minimum tax from line 1	,									
3C													
cp			ts (attach Schedule DC and										
ų;	12. Subtract line 11 fro	om line 10. If Line 11	is larger than Line 10, fill in	zero (0)		. 12						
tac	13. Temporary recycli	ng surcharge (see ins	structions) Check if sur	charge	computed on	workshe	et.						
Ą			t business income										
A	14. Add lines 12 and 1	13		<u></u>	<u> </u>		14						
	15. Wisconsin income	tax withheld (attach v	withholding statement)	1	5								
			applied from 1995 return .		6								
			chedule FC)										
		·	e instructions)	1	8								
	Farmland tax relie		-		-	•							
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						AINCE DU	E 25			•			
	I, as fiduciary, declare unde	er penalties of law that The	1997 ESTIMATED TAX ave examined this return (include	ing acc	companying sch	edules, sta	tements	, and c	opy of fed	deral income			
			elief it is true, correct and comp	olete.									
	Signature of fiduciary or trust office	r				Date		Tel	ephone nui	mber			
	DERSON DDEDADING TO	HE RETURN (individual	I and firm) if other than the pre	cadina	signer			()				
	Name of preparer other than fiduci		Signature of preparer	o c ullig :	oigi i c i			Dat	e				
	Mail this return to: Wisconsin Dept.	This space for department	use only		R	MON YR	ТМА	N D	A P	 C			
	of Revenue						. '''	- -	·	-			
	P.O. Box 8904 Madison, WI 53708-8904												

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	HEDULE A — MODIFICATIONS AND ADJUSTMENTS	СО		1	COL. 2	
	DITIONS:	Distributat	ole Income	Non-Dist	ibutable Income	
1.	Adjustment to convert 1996 federal taxable income to the level allowable under					
	the Internal Revenue Code in effect on December 31, 1995 (Schedule B)				•	
	Interest (less related expenses) on state and municipal obligations				•	
	State and local taxes (see instructions)				•	
	Capital gain/loss adjustment (see instructions)					
	Other (specify)					
	Total additions (add lines 1 through 5)					
	BTRACTIONS:					
7.	Adjustment to convert 1996 federal taxable income to the level allowable under					
	the Internal Revenue Code in effect on December 31, 1995 (Schedule B)					
	Interest (less related expenses) on obligations of the United States					
	Capital gain/loss adjustment (see instructions)					
	State and local income tax refunds (see instructions)				-	
	Other (specify)				-	
12.	Total subtractions (add lines 7 through 11)				-	
SCI	HEDULE B — ADJUSTMENTS TO CONVERT 1996 FEDERAL TAXABLE INCOME TO 1 UNDER THE INTERNAL REVENUE CODE IN EFFECT ON DECEMBER 3					
1	NATURE OF ADJUSTMENT—EXPLAIN FULLY. SHOW DEFICIT AMOUNT IN PARENTHESES			nents for 1996		
•		Dis	tributable	Non-	Distributable	
2	TOTAL (If total increases federal taxable income, enter on Schedule A, line 1)					
	(If total decreases rederal taxable income, enter on Schedule A, line 7)					
	TOTAL (enter, as appropriate, on Wisconsin Schedule 2K-1)					
SCI	HEDULE C — ADJUSTMENTS TO CAPITAL GAINS/LOSSES BECAUSE CAPITAL ASS HAD DIFFERENT BASIS FOR WISCONSIN AND FEDERAL INCOME TA		ED OF			
	TIAD DITT ENERT BAGIOT ON MICCORDIN AND I EDELAR INCOME TA	X PURPOSES				
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