

For 1999 or taxable year beginning _____, 1999, and ending _____

Please print or type

Form header section including fields for Estate only - Last name, Trusts only - Name, Name and address of personal representative, petitioner, or trustee, Date trust or bankruptcy estate was created or date of decedent's death, and various checkboxes for trust types and filing status.

Attach check or money order here

Table for tax calculations with columns for line numbers and amounts. Includes rows for Federal taxable income, additions, subtractions, gross tax, and final tax balance due.

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, Telephone number

Mail your return to: Wisconsin Department of Revenue. If trust.....P.O. Box 8955, Madison, WI 53708-8955. If estate.....P.O. Box 8904, Madison, WI 53708-8904. If certificate request.....P.O. Box 8904, Madison, WI 53708-8904

Area below this line for department use only. Includes a grid for R, MON, YR, T, MAN, D, A, P, C.

