FORM

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

WISCONSIN FIDUCIARY INCOME TAX RETURN (For Estates or Trusts)

2004
AMENDED

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Please print or type

, 2004, and ending For 2004 or taxable year beginning _ Estate only - Legal last name First name and middle initial Decedent's social security number Trusts only - Legal name Estates / Trust's federal employer identification number Name and address of personal representative, petitioner, or trustee Check one Sec. 645 election Decedent's estate Address where decedent lived at time of death Spouse's first name Bankruptcy estate Testamentary trust Inter vivos trust Date trust or bankruptcy estate was created or date of decedent's death Electing small business trust If this is a trust return, is the trust Revocable or Irrevocable? QFT – Qualified Funeral Trust Is the grantor a resident of Wisconsin? Yes __ No County of Jurisdiction ☐ No Yes Is this the first Form 2 of the estate or trust? Age of decedent ☐ Yes ☐ No Is this the final Form 2 of the estate or trust? Probate Case Number Yes ■ No Are you requesting a closing certificate at this time? If yes, complete Schedule D or E Individual/firm the closing certificate should be mailed to Attention or c/o Address City State Zip code FOR DEPARTMENT USE ONLY 20P 2CL 7AU 8AU 9CL HOLD FOR 1. Federal taxable income of fiduciary (from attached federal Form 1041, line 22)00 Attach check or money order here 1 2. Additions (from Form 2, Schedule A, column 2, line 6) 2 .00 3 .00 4. Subtractions (from Form 2, Schedule A, column 2, line 12)..... 4 .00 5 .00 6a .00 6b. ESBT (amount from line 1 of ESBT worksheet, page 5)...... 6b 7. Supplement to federal historic rehabilitation credit (see instructions, page 5) 7 .00 8. Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill in zero (0) 8 .00 9 .00 10 .00 11. Development zone credits (Schedule DC), technology zone credit (Schedule TC), Manufacturer's sales tax credit (Schedule MS), dairy investment credit (Schedule DI)00 12. Subtract line 11 from line 10. If line 11 is larger than line 10, fill in zero (0) 12 .00 .00 13. Recycling surcharge. Attach Schedule RS 13 14 .00 15. Wisconsin income tax withheld (attach withholding statement) | 15 .00 16. 2004 estimated payments and amount applied from 2003 return ... 16 .00 17. Farmland preservation credit (attach Schedule FC) 17 .00 18. Net income tax paid to other states (see instructions)00 19 19. Farmland tax relief credit: Farmland taxes .00 X .15 =20. AMENDED RETURN ONLY – amount paid with original return . . . 1 20 .00 .00 22. AMENDED RETURN ONLY - refund from original return less 23. Subtract line 22 from line 2100 24. If line 23 is larger than line 14, subtract line 14 from line 23 REFUND 24 .00 25. If line 23 is less than line 14, subtract line 23 from line 14...... BALANCE DUE 25 .00 26. Amount of line 24 to be applied to your 2005 ESTIMATED TAX . . . | 26 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 Date Telephone number 1-020 Area below this line for department use only

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Form 2 (2004) Page 2

Schedule A - ADDITIONS AND SUBTRACTIONS

		COL. 1-Distributable Income	COL. 2
ΑD	DITIONS:	(Report on Schedule 2K-1)	Nondistributable Income
1.	Adjustment to convert 2004 federal taxable income to the amount allowable for Wisconsin (Schedule B)		.00
2.	Interest (less related expenses) on state and municipal obligations	.00.	.00
3.	Taxes from line 11 of federal Form 1041	.00	.00
4.	Capital gain/loss adjustment (see instructions)		.00
5.	Other (specify)	.00.	.00
6.	Total additions (add lines 1 through 5)	.00.	.00
SUBTRACTIONS:			
7.	Adjustment to convert 2004 federal taxable income to the amount allowable for Wisconsin (Schedule B)		.00_
8.	Interest (less related expenses) on obligations of the United States	.00.	.00
9.	Capital gain/loss adjustment (see instructions)		.00
10.	Refunds of state and local taxes (see instructions)	.00.	.00
11.	Other (specify)	.00.	.00
12.	Total subtractions (add lines 7 through 11)	.00.	.00

Schedule B - ADJUSTMENTS TO CONVERT 2004 FEDERAL TAXABLE INCOME TO THE AMOUNT ALLOWABLE FOR WISCONSIN (see instructions on page 10)

NATURE OF ADJUSTMENT – Explain fully on attached schedule.	Adjustments for 2004		
NATORE OF ADJOST WENT – Explain fully on attached schedule.	Distributable	Nondistributable	
1 TOTAL from attached schedule (show negative amount in parentheses)	.00	.00	
a. Enter total from distributable column on Wisconsin Schedule 2K-1, as appropriate.			
 b. If total in nondistributable column is a positive number, enter it on Schedule A, line 1. 			
If total in nondistributable column is a negative number , enter it on Schedule A, line 7, as a positive number.			

Schedule C - ADJUSTMENTS TO CAPITAL GAINS/LOSSES BECAUSE CAPITAL ASSETS DISPOSED OF HAD DIFFERENT BASIS FOR WISCONSIN AND FEDERAL INCOME TAX PURPOSES

1	DESCRIPTION OF CAPITAL ASSETS HELD ONE YEAR OR LESS AND REASON FOR DIFFERENCE IN BASIS	A. FEDERAL ADJUSTED BASIS	B. WISCONSIN ADJUSTED BASIS	C. DIFFERENCE	
	a	.00	.00	.00	
	b	.00	.00	.00	
	C	.00	.00	.00	
	d	.00	.00	.00	
	e	.00	.00	.00	
	f	.00	.00	.00	
2	TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedule WD (Form 2)				
3	DESCRIPTION OF CAPITAL ASSETS HELD MORE THAN ONE YEAR AND REASON FOR DIFFERENCE IN BASIS	A. FEDERAL ADJUSTED BASIS	B. WISCONSIN ADJUSTED BASIS	C. DIFFERENCE	
	a	.00	.00	.00	
	b	.00	.00	.00	
	C	.00	.00	.00	
	d.	.00	.00	.00	
	e.	.00	.00	.00	
	f.	.00	.00	.00	
4	TOTAL - Combine amounts in column C. Fill in here and on line 12 of Wisconsin	Schedule WD (Form	2)	.00	

	n 2 (2004)					Page 3
Esta	ate only - Legal last name	First name and middle initial	Decedent's socia	al security number	Estate's feder	ral EIN
Sch	nedule D - INFORMATION REQU	⊥ JIRED WHEN REQUESTIN	G A CLOSING	CERTIFICATE F	OR ESTA	ΓES
1. 2. 3. 4. 5.	Did the decedent have a will?	Yes No formal informal oth will. rm 706) filed? sable gifts was more than tax return (Form W-706) filed? hs prior to death, state the dec- \$, 2002 -	her Yes Yes tedent's approxin	No If Yes, on the income for:	date filed	
9.	Attach a copy of the final account to Is a certificate required by the court If an estate does not have enough in one fiduciary return when the estate procedures to be followed.	?	ls a Closing Certi		s, or if the es	state will be filing only
		Summary of Assets the totals of each of the asse				
	bate Assets					
1.	Real Estate					
2.						
3.						
	Insurance Payable to Estate					
	Other Miscellaneous Property					
6.	Total Probate Assets (add lines	: 1 through 5)		6		
Noı	nprobate Assets					
7.	Jointly Owned Survivorship – Dec	-				
8.	, ,			_		
	Insurance Payable to Named Ben					
	Transfers During Decedent's Life					
	Annuities and Employee Death Be					
	Other Assets					
		,				
	Wisconsin GROSS Estate (add	lines 6 and 13)		14		
	ductions					
	Funeral Expenses					
	Administration Expenses					
	Debts of Decedent					
	Mortgages and Liens					
19.	Total Deductions (add lines 15 to	nrougn 18)		19		
20.	Wisconsin TAXABLE Estate (S	ubtract line 19 from line 14)		20		

*Note: Where any line is left blank and the appropriate schedule for that line is not filed with this return, it will be deemed that NONE is the DECLARATION for that line by the person(s) signing this return.

Form 2 (2004) Page 4 Trusts only - Legal Name Trust's federal EIN number Schedule E - INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICATE FOR TRUSTS 1. Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual court accountings for past three years. 2. a. Name(s) of grantor(s) Social security number(s) b. Name(s) of grantee(s) Social security number(s) 3. On what date was the trust funded?__ Yes 4. Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? No If Yes, explain: 5. State reason for closing the trust ____ 5a. If death of beneficiary, provide name of beneficiary, social security number, last address, and date of death. 6. Have you petitioned the court to close the trust? Yes No If Yes, attach a copy of the petition. If No, explain why no petition has been filed ____ 7. Has the trust made an annual accounting to a court? Yes No If No, explain 8. Is a certificate required by the court? Yes No See page 2 of instructions (Requests for Closing Certificates). **Summary of Assets*** Enter the total fair market value of each of the assets listed below that are held by the trust at the end of the year preceding the final year of the trust. 2. Stocks and Bonds 4. Annuities and Life Insurance 5. Interest in Partnerships, LLCs, and S Corporations.....

*Note: Where any line is left blank and the appropriate schedule for that line is not filed with this return, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing this return.

 6. Other Miscellaneous Property
 6. ___

 7. Total Assets (add lines 1 through 6)
 7. ___