



Form **2** Wisconsin fiduciary income tax
for estates or trusts

2006

For 2006 or taxable year
beginning: _____, 2006
and ending: _____

DO NOT STAPLE

ESTATES ONLY – Legal last name		First name	M.I.	Decedent's social security number	
TRUSTS ONLY – Legal name				Estate's/Trust's federal EIN	
Name of personal representative, petitioner, or trustee				First name of decedent's spouse	
Address of personal representative, petitioner, or trustee		City	State	Zip code	
Address where decedent lived at time of death		City	State	Zip code	
Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return				Check one	
Date trust or bankruptcy estate was created or date of decedent's death _____ If an estate, enter age of decedent at date of death _____ If this is a trust return, is the trust <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable? If a trust, is the grantor a resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Inter vivos trust <input type="checkbox"/> Testamentary trust <input type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified funeral trust <input type="checkbox"/> Section 645 election <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Bankruptcy estate	
Special Conditions <input type="checkbox"/> _____					
Are you requesting a closing certificate at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and enclose Schedule CC					
Individual / firm the closing certificate should be mailed to		Attention or c/o		County of jurisdiction	
Address		City	State	Zip code	Probate case number

Paper clip check or money order here

1 Federal taxable income of fiduciary (see instructions)	1	.00
2 Additions (from Form 2, Schedule A, column 2, line 6)	2	.00
3 Add lines 1 and 2	3	.00
4 Subtractions (from Form 2, Schedule A, column 2, line 12)	4	.00
5 Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	5	.00
6a Gross tax (see instructions, page 4)	6a	.00
6b ESBT (amount from line 1 of ESBT worksheet, page 4)	6b	.00
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 Alternative minimum tax. Enclose Schedule MT	9	.00
10 Add lines 8 and 9	10	.00
11 Other credits ▶		
a Schedule MS _____ .00		
b Schedule DI _____ .00		
c Schedule DC _____ .00		
d Schedule TC _____ .00		
e Schedule VC (Part II) _____ .00		
f Schedule OS <input type="checkbox"/> _____ .00		
g Total (add lines a through f)	11g	.00
12 Subtract line 11g from line 10. If line 11g is larger than line 10, fill in zero (0)	12	.00



13	Enter amount from line 12	13	.00
14	Recycling surcharge. Enclose Schedule RS	14	.00
15	Recapture of investment credit (see instructions, page 5)	15	.00
16	Add lines 13 through 15	16	.00
17	Wisconsin income tax withheld (see instructions)	17	.00
18	2006 estimated payments and amount applied from 2005 return	18	.00
19	Farmland preservation credit (enclose Schedule FC)	19	.00
20	Farmland tax relief credit: Farmland taxes .00 x .23 =	20	.00
21	AMENDED RETURN ONLY – amount paid with the original return	21	.00
22	Add lines 17 through 21	22	.00
23	AMENDED RETURN ONLY – refund from original return less amount applied to 2007 estimated tax	23	.00
24	Subtract line 23 from line 22	24	.00
25	If line 24 is larger than line 16, subtract line 16 from line 24 AMOUNT OVERPAID	25	.00
26	Amount of line 25 to be REFUNDED TO YOU	26	.00
27	Amount of line 25 to be applied to your 2007 ESTIMATED TAX	27	.00
28	If line 24 is less than line 16, subtract line 24 from line 16 BALANCE DUE	28	.00
29	Underpayment interest. Also include on line 28	29	.00

Enclose copies of federal Form 1041 and schedules with this return.

Also enclose copies of Wisconsin Schedules 2K-1, CC, and WD (Form 2) and other documents, if required.

I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and a copy of federal income tax return) and to the best of my knowledge and belief it is true, correct, and complete.

Your signature _____ Date _____ Daytime phone _____

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PERSON PREPARING RETURN (individual and firm) if other than the preceding signer _____ Date _____ Daytime phone _____

Name _____ Signature of preparer _____

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Mail your return to: Wisconsin Department of Revenue
 If trust PO Box 8955, Madison WI 53708-8955
 If estate PO Box 8904, Madison WI 53708-8904
 If certificate request..... PO Box 8918, Madison WI 53708-8918

For Department Use Only

M	Y	MAN	D	A	P	C		



Name(s) shown on Form 2	Decedent's social security number	Estate's / Trust's FEIN
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SCHEDULE A – Additions and Subtractions

	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
ADDITIONS:		
1. Adjustment to convert 2006 federal taxable income to the amount allowable for Wisconsin (Schedule B) . . . . .	.00	.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	.00
5. Other (specify) _____	.00	.00
6. Total additions (add lines 1 through 5). Enter the amount from col. 2 on line 2 of Form 2 . . . . .	.00	.00
SUBTRACTIONS:		
7. Adjustment to convert 2006 federal taxable income to the amount allowable for Wisconsin (Schedule B) . . . . .	.00	.00
8. Interest (less related expenses) on obligations of the United States . . . . .	.00	.00
9. Capital gain/loss adjustment (see instructions) . . . . .	.00	.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). Enter the amount from col. 2 on line 4 of Form 2 . . . . .	.00	.00

SCHEDULE B – Adjustments to Convert 2006 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 11)

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2006	
	Distributable	Nondistributable
1 TOTAL from enclosed 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
2 TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedule WD (Form 2) . . .	.00		
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
4 TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Schedule WD (Form 2) . .	.00		