

**Beneficiary's Share
of Income, Deductions, etc.**

2016

Wisconsin Department
of Revenue

For 2016 or taxable year beginning _____, 2016, and ending _____, 20____

| Part I Information About the Estate or Trust | Part II Information About the Beneficiary |
|---|---|
| A Estate's or trust's federal employer ID number | C Beneficiary's identifying number |
| B Estate's or trust's name, address, city, state, and ZIP code | D Beneficiary's name, address, city, state, and ZIP code |

E Check applicable boxes: **Final 2K-1** **Amended 2K-1**

F Check if beneficiary is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

| Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items | | | |
|--|------------------------------|--------------------------|--------------------------------|
| <i>(a)</i> Distributive share items | <i>(b)</i> Federal amount | <i>(c)</i> Adjustment | <i>(d)</i> Wisconsin amount |
| 1 Interest income | | | |
| 2 Ordinary dividends | | | |
| 3 Net short-term capital gain | | | |
| 4a Net long-term capital gain | | | |
| 4b Portion of the amount on line 4a, column (d) that is attributable to gain on the sale of farm assets | | | |
| 5 Other portfolio income | | | |
| 6 Ordinary business income | | | |
| 7 Net rental real estate income | | | |
| 8 Other rental income | | | |
| 9 Directly apportioned deductions (list): _____ _____ | | | |
| 10 Estate tax deduction | | | |
| 11 Final year deductions (list): _____ _____ _____ _____ | | | |
| 12 Alternative minimum tax adjustment (list): _____ _____ _____ _____ | | | |

| (a) Distributive share items | (b) Federal amount | (c) Adjustment | (d) Wisconsin amount |
|---|-----------------------|-------------------|-------------------------|
| 13 Other information (list): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 14 Related entity expenses: | | | |
| a Related entity expense addback | | 14a | |
| b Related entity expense allowable | | b | |
| 15 Wisconsin credits: | | | |
| a Schedule _____ | | 15a | |
| b Schedule _____ | | b | |
| c Schedule _____ | | c | |
| d Schedule _____ | | d | |
| e Schedule _____ | | e | |
| f Schedule _____ | | f | |
| g Schedule _____ | | g | |
| h Schedule _____ | | h | |
| i Schedule _____ | | i | |
| j Schedule _____ | | j | |
| k Schedule _____ | | k | |
| L Schedule _____ | | L | |
| m Schedule _____ | | m | |
| n Schedule _____ | | n | |
| o Schedule _____ | | o | |
| p Wisconsin tax withheld | | p | |