

**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