

Form 2 Wisconsin fiduciary income tax for estates or trusts

2007

Use **BLACK INK** For 2007 or taxable year beginning 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 if applicable Initial return Final return Amended return

Check one

Electing small business trust

Qualified funeral trust

Bankruptcy estate

Inter vivos trust

Testamentary trust

Section 645 election

Decedent's estate

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 Revocable **or** Irrevocable?

If a trust, is the grantor a resident of Wisconsin? Yes No

Has Form W706 been filed? Yes No

County of jurisdiction Probate case number

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 NO COMMAS; NO CENTS

Paperclip 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 4)	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 <u> </u> .00			
b Schedule DI <u> </u> .00			
c Schedule DC <u> </u> .00			
d Schedule TC <u> </u> .00			
e Schedule VC (Part II) <u> </u> .00			
f Schedule IE <u> </u> .00			
g Schedule OS <u> </u> .00			
h Total (add lines a through g)	11h		.00
12 Subtract line 11h from line 10. If line 11h is larger than line 10, fill in zero (0)	12		.00



NO COMMAS; NO CENTS

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	2007 estimated payments and amount applied from 2006 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	Enterprise zone jobs credit (enclose Schedule EC)	21	.00
22	Dairy manufacturing facility investment credit (enclose Schedule DM)	22	.00
23	AMENDED RETURN ONLY – amount paid with the original return	23	.00
24	Add lines 17 through 23	24	.00
25	AMENDED RETURN ONLY – refund from original return less amount applied to 2008 estimated tax	25	.00
26	Subtract line 25 from line 24	26	.00
27	If line 26 is larger than line 16, subtract line 16 from line 26 AMOUNT OVERPAID	27	.00
28	Amount of line 27 to be REFUNDED TO YOU	28	.00
29	Amount of line 27 to be applied to your 2008 ESTIMATED TAX	29	.00
30	If line 26 is less than line 16, subtract line 26 from line 16 BALANCE DUE	30	.00
31	Underpayment interest. Also include on line 30. (see instructions, page 6)	<input type="checkbox"/> 31	.00

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

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

A request for a closing certificate for fiduciaries must be made on Schedule CC. See instructions.

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
		()
PERSON PREPARING RETURN (individual and firm) if other than the preceding signer	Date	Daytime phone
Name Signature of preparer		()

Mail your return to:
 • If making a payment or submitting Schedule CC to request a closing certificate PO Box 8918, Madison WI 53708-8918
 • All other trusts and estates PO Box 8955, Madison WI 53708-8955

For Department Use Only

MAN	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 2007 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 2007 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 2007 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 10)

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2007	
	Distributable	Nondistributable
1. TOTAL from enclosed schedule	.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		