

Name	Social Security Number
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Part I Owners of the Edvest or Tomorrow's Scholar account

Section A – Allowable Subtraction

<u>1</u> Name of account beneficiary: Last _____ First _____							
<u>2</u> Amount you contributed to the account for 2018	<u>2</u>						.00
<u>3</u> Enter \$3,200 (\$1,600 if married filing separate or a divorced parent)	<u>3</u>						.00
<u>4</u> Enter the smaller of line 2 or line 3	<u>4</u>						.00
<u>5</u> Carryover (see instructions)	<u>5</u>						.00
<u>6</u> Allowable subtraction. Add lines 4 and 5 (see instructions for further limitations). Do not enter more than \$3,200 (\$1,600 if married filing separate or a divorced parent)	<u>6</u>						.00

Section B – Eligible Carryover

<u>7</u> Carryover to future years. Subtract line 6 from line 2. If line 6 is more than line 2, enter -0-. Also complete Part V	<u>7</u>						.00
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Section C – Total Amount Contributed to Account for 2014 – 2018

<u>8</u> Amount contributed to the account by others for 2018	<u>8</u>						.00
<u>9</u> Amount contributed to the account for 2014 - 2017 (from line 10 of 2017 Schedule CS)	<u>9</u>						.00
<u>10</u> Add lines 2, 8, and 9. This is the total amount contributed to the account for 2014 – 2018	<u>10</u>						.00

Part II Persons other than the account owner

Section A – Allowable Subtraction

<u>11</u> Name and address of account owner _____							
<u>12</u> Name of account beneficiary: Last _____ First _____							
<u>13</u> Amount you contributed to the account for 2018	<u>13</u>						.00
<u>14</u> Enter \$3,200 (\$1,600 if married filing separate or a divorced parent)	<u>14</u>						.00
<u>15</u> Enter the smaller of line 13 or line 14	<u>15</u>						.00
<u>16</u> Carryover (see instructions)	<u>16</u>						.00
<u>17</u> Allowable subtraction. Add lines 15 and 16 (see instructions for further limitations). Do not enter more than \$3,200 (\$1,600 if married filing separate or a divorced parent)	<u>17</u>						.00

Section B – Eligible Carryover

<u>18</u> Carryover to future years. Subtract line 17 from line 13. If line 17 is more than line 13, enter -0-. Also complete Part V	<u>18</u>						.00
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Part III Withdrawals within 365 days of deposit

<u>19</u> Using a first-in, first-out method, did you withdraw an amount in 2018 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?							
<u>a</u> If yes, enter the amount deposited and withdrawn within 365 days	<u>19a</u>						.00
<u>b</u> Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income. This amount must be included in income (see the instructions)	<u>19b</u>						.00
<u>c</u> Subtract line 19b from line 19a. This is the amount of carryover that must be reduced. Complete Part V	<u>19c</u>						.00

See instructions for completing form.



Part IV – See next page

Name	Social Security Number
Account Beneficiary: Last name	First name

Part IV Distributions from a college savings account rolled over or not used for qualified education expenses

Section A – Distribution Not Used for Qualified Higher Education Expenses

20 Who received the distribution check (*check one*):

- Account owner (Name of owner _____)
- Account beneficiary (Name of beneficiary _____)

21 If the owner or beneficiary was subject to a federal penalty for 2018 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	21	.00
22 Amount contributed to the account for 2014 – 2018 from line 10	22	.00
23 Amount claimed as a subtraction for 2014 – 2018 by all contributors	23	.00
24 Enter the smaller of line 21, 22, or 23. Add this amount to your (owner's) Wisconsin income . . .	24	.00
25 If line 21 is greater than line 24, subtract line 24 from line 21. Any carryover must be reduced by this amount. Complete Part V	25	.00

Section B – Rollover to another state's qualified tuition program (complete lines 26-28)

26 If, during 2018, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	26	.00
27 Enter the portion of the amount on line 26 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income	27	.00
28 Subtract line 27 from line 26. This is the amount of carryover that must be reduced. Complete Part V	28	.00

Section C – Rollover to a qualified ABLE account (complete lines 29-33)

29 If, during 2018, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	29	.00
30 Exclusion amount	30	15000.00
31 Subtract line 30 from line 29. If -0- or less, enter -0- and do not complete lines 32 and 33. You do not have to add an amount to Wisconsin income	31	.00
32 Enter the portion of the amount on line 31 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income (<i>see instructions</i>)	32	.00
33 Subtract line 32 from line 29. This is the amount of carryover that must be reduced. Complete Part V	33	.00

Part V Computation of Carryover from 2018 to 2019

34 Carryover from line 34 of 2017 Schedule CS	34	.00
35 Carryover from line 7 or line 18 of 2018 Schedule CS	35	.00
36 Add amounts on lines 34 and 35	36	.00
37 Enter the following amounts from this 2018 Schedule CS		
a lines 5 or 16 _____ 37a _____		.00
b line 19c _____ 37b _____		.00
c line 25 _____ 37c _____		.00
d line 28 _____ 37d _____		.00
e line 33 _____ 37e _____		.00
38 Add the amounts on lines 37a through 37e	38	.00
39 Subtract line 38 from line 36. This is your carryover to 2019	39	.00

