

Beneficiary's Share of Income, Deductions, etc.

For 2019 or taxable year beginning MMDDYYYY and ending MMDDYYYY

Part I: Information About the Estate or Trust

Name of Estate or Trust, Estate's or Trust's FEIN, Estate's or Trust's Address, Estate's or Trust's City, State, Estate's or Trust's Zip Code

Part II: Information About the Beneficiary

Beneficiary's Business Name, Beneficiary's FEIN, Beneficiary's Last Name, Beneficiary's First Name, M.I., Beneficiary's SSN, Beneficiary's Address, Beneficiary's City, State, Beneficiary's Zip Code

If the beneficiary is a disregarded entity or trust, enter the name and identifying number of the taxpayer to whom this income will be reported:

Business Name, FEIN, Individual's Last Name, First Name, M.I., SSN

A Check if applicable: ___ Final 2K-1 ___ Amended 2K-1

B Beneficiary's state of residence ___

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

D ___ Check if a lower tier entity made an election to pay tax at the entity level pursuant to s. 71.21(6)(a) or 71.365(4m)(a), Wis. Stats., (see instructions)



New

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items NO COMMAS; NO CENTS

Table with 5 columns: (a) Distributive share items, (b) Federal amount, (c) Adjustment, (d) Amount under Wis. law, (e) Wis. source amount. Rows include Interest Income, Ordinary Dividends, Net short-term capital gain, Net long-term capital gain, Other portfolio income, Ordinary business income, Net rental real estate income, Other rental income, Directly apportioned deductions, Estate tax deduction.

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items NO COMMAS; NO CENTS

	(a)	(b)	(c)	(d)	(e)
	<u>Distributive share items</u>	<u>Federal amount</u>	<u>Adjustment</u>	<u>Amount under Wis. law</u>	<u>Wis. source amount (see Form 2 instructions)</u>
11	Final year deductions (<i>list</i>)				
a	_____	11a _____	_____	11a _____	_____
b	_____	11b _____	_____	11b _____	_____
c	_____	11c _____	_____	11c _____	_____
d	_____	11d _____	_____	11d _____	_____
e	Total (add lines 11a through 11d)	11e _____	_____	11e _____	_____
12	Alternative minimum tax item (<i>list</i>):				
a	_____	12a _____	_____	_____	_____
b	_____	12b _____	_____	_____	_____
c	_____	12c _____	_____	_____	_____
13	Other information (<i>list</i>):				
a	_____	13a _____	_____	13a _____	_____
b	_____	13b _____	_____	13b _____	_____
c	_____	13c _____	_____	13c _____	_____
14a	Related entity expense addback			14a _____	_____
b	Related entity expense allowable			14b _____	_____
15	Wisconsin Credits:				
a	Schedule _____			15a _____	_____
b	Schedule _____			15b _____	_____
c	Schedule _____			15c _____	_____
d	Schedule _____			15d _____	_____
e	Schedule _____			15e _____	_____
f	Schedule _____			15f _____	_____
g	Schedule _____			15g _____	_____
h	Schedule _____			15h _____	_____
i	Schedule _____			15i _____	_____
j	Wisconsin tax withheld (Do NOT include withholding from Forms 1099-R, W-2, and W2-G) ..			15j _____	_____
16	Income (loss)			16 _____	_____

DRAFT 9/4/19

