

**Form 2 Wisconsin fiduciary income tax for estates or trusts**

**2020**

Use **BLACK INK**

For calendar year 2020 or tax year beginning                                     and ending                                    

DO NOT STAPLE

ESTATES ONLY – Decedent's legal last name			Decedent's legal first name			M.I.		
ESTATES ONLY – Decedent's social security number			Estate's federal EIN					
TRUSTS ONLY – Legal name						Trust's federal EIN		
Name of personal representative, petitioner, or trustee						County of jurisdiction (Name Only)		
Address of personal representative, petitioner, or trustee			Schedules 2K-1 issued			Probate case number		
City		State	Zip code		Schedules 2K-1 issued to nonresidents		<i>Check all that apply</i>	
Check if applicable <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address or name change						<input type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified subchapter S Trust <input type="checkbox"/> Qualified funeral trust <input type="checkbox"/> Nonresident estate or trust <input type="checkbox"/> Part-year resident estate or trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Inter vivos trust <input type="checkbox"/> Testamentary trust <input type="checkbox"/> Section 645 election <input type="checkbox"/> Decedent's estate		
Date trust or bankruptcy estate was created or date of decedent's death <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>								
If this is a trust return, is the trust <input type="checkbox"/> Revocable <b>or</b> <input type="checkbox"/> Irrevocable?								
If a trust, is the grantor a resident of Wisconsin? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No								
Has Form W706 been filed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No								
Does the estate or trust own any disregarded entities? (If yes, include Schedule DE) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No								
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). . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No								
Special Conditions <input type="checkbox"/> _____								
Address where decedent lived at time of death						Zip code		

**Print numbers like this → 0 1 2 3 4 5 6 7 8 9    Not like this → 0147    NO COMMAS; NO CENTS**

Paperclip check or money order here

<b>1</b>	Federal taxable income of fiduciary (see instructions) . . . . .	<b>1</b>		.00
<b>2</b>	Additions (from Schedule A or NR) . . . . .	<b>2</b>		.00
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>		.00
<b>4</b>	Subtractions (from Schedule A or NR) . . . . .	<b>4</b>		.00
<b>5</b>	Wisconsin taxable income of fiduciary (subtract line 4 from line 3) . . . . .	<b>5</b>		.00
<b>6a</b>	Tax on income from line 5 (see table on page 16 of instructions)	<b>6a</b>	.00	
<b>6b</b>	ESBT tax (enter amount from line 23 of Schedule ESBT) . . . . .	<b>6b</b>	.00	
<b>6c</b>	Gross tax (add lines 6a and 6b) . . . . .	<b>6c</b>		.00
<b>7</b>	Nonrefundable credits Schedule CR, line 34 . . . . .	<b>7</b>	.00	
<b>8</b>	Net tax paid to another state. Enclose Schedule OS . . . . .	<b>8</b>	.00	
<b>9</b>	Add credits on lines 7 and 8 . . . . .	<b>9</b>		.00
<b>10</b>	Subtract line 9 from line 6c. If line 9 is larger than line 6c, enter zero (0) . . . . .	<b>10</b>		.00



		<b>NO COMMAS; NO CENTS</b>
<b>11a</b>	Enter amount from line 10	<b>11a</b> _____ .00
<b>11b</b>	Sales and use tax due on Internet, mail order, or other out-of-state purchases. If you certify that no sales or use tax is due, check here <input type="checkbox"/>	<b>11b</b> _____ .00
<b>11c</b>	Penalty on underpayment of tax from inconsistent estate basis reporting	<b>11c</b> _____ .00
<b>11d</b>	Add lines 11a, 11b and 11c	<b>11d</b> _____ .00
<b>12</b>	Wisconsin income tax withheld (see instructions)	<b>12</b> _____ .00
<b>13</b>	2020 estimated payments and amount applied from 2019 return	<b>13</b> _____ .00
<b>14</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17	<b>14a</b> _____ .00
	<b>b</b> Schedule FC-A, line 13	<b>14b</b> _____ .00
<b>15</b>	Refundable credits from Schedule CR, line 40	<b>15</b> _____ .00
<b>16</b>	AMENDED RETURN ONLY – amount paid with the original return	<b>16</b> _____ .00
<b>17</b>	Add lines 12 through 16	<b>17</b> _____ .00
<b>18</b>	AMENDED RETURN ONLY – refund from original return less amount applied to 2021 estimated tax	<b>18</b> _____ .00
<b>19</b>	Subtract line 18 from line 17	<b>19</b> _____ .00
<b>20</b>	If line 19 is greater than line 11d, subtract line 11d from line 19 AMOUNT OVERPAID	<b>20</b> _____ .00
<b>21</b>	Amount of line 20 to be REFUNDED TO YOU	<b>21</b> _____ .00
<b>22</b>	Amount of line 20 to be applied to your 2021 ESTIMATED TAX	<b>22</b> _____ .00
<b>23</b>	If line 19 is less than line 11d, subtract line 19 from line 11d BALANCE DUE	<b>23</b> _____ .00
<b>24</b>	Underpayment interest. Exception code – See Schedule U _____ Also include on line 23 (see instructions, page 8)	<b>24</b> _____ .00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 8)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_ Personal identification number (PIN) ▶ 

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**Paper clip copies of federal Form 1041 and schedules to this return.**

**Also paper clip copies of Wisconsin Schedules 2K-1, 2M, 2WD, NR, ESBT, and other documents, if required. A request for a closing certificate for fiduciaries must be made separately on Schedule CC. See instructions.**

*I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and 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: Wisconsin Department of Revenue

- *If making a payment* .....PO Box 8918, Madison WI 53708-8918
- *All other trusts and estates* .....PO Box 8955, Madison WI 53708-8955



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** { Resident estates and trusts only. Part-year and nonresident estates and trusts must enclose Schedule NR. }

	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
<b>ADDITIONS:</b>		
1. Adjustment from Schedule B of Form 2		.00
2. Interest (less related expenses) on state and municipal obligations	.00	.00
3. Deduction for taxes from federal Form 1041	.00	.00
4. Capital gain/loss adjustment (see instructions)		.00
5. Other additions:		
COL. 1 – enter total and describe below	.00	
_____		
COL. 2 – enter amount from Part I, line 22, of Schedule 2M		.00
6. Add lines 1 through 5 and enter on line 2 of Form 2		.00
<b>SUBTRACTIONS:</b>		
7. Adjustment from Schedule B of Form 2		.00
8. Interest (less related expenses) on obligations of the United States	.00	.00
9. Capital gain/loss adjustment (see instructions)		.00
10. Refunds of state and local taxes (see instructions)	.00	.00
11. Other subtractions:		
COL. 1 – enter total and describe below	.00	
_____		
COL. 2 – enter amount from Part II, line 36, of Schedule 2M		.00
12. Add lines 7 through 11 and enter on line 4 of Form 2		.00

**SCHEDULE B – Adjustments to Convert 2020 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 13)**

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2020	
	COL. 1 – Distributable (Enter on Schedule 2K-1)	COL. 2 – Nondistributable (Enter on Schedule A*)
1. TOTAL from enclosed schedule	.00	.00

\* If a **positive number**, enter on line 1.  
If a **negative number**, enter on line 7 as a positive number.

Note: The figures in COL. 1 and 2 must be used by part-year and nonresident estates and trusts to complete Part I of Schedule NR.

**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
2. TOTAL – Combine amounts in column C. Fill in here and on line 6 of Wisconsin Schedule 2WD			.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
4. TOTAL – Combine amounts in column C. Fill in here and on line 15 of Wisconsin Schedule 2WD			.00