

Name	Social Security Number
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Part I Contributions to an Edvest or Tomorrow's Scholar college savings account

Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account

1 Name of account beneficiary: Last _____ First _____

2 Amount you contributed to the account for 2022 **2** _____ .00

Section B – Persons Other Than the Account Owner

3 Name and address of account owner: Last _____ First _____

Address _____

4 Name of account beneficiary: Last _____ First _____

5 Amount you contributed to the account for 2022 **5** _____ .00

Section C – Allowable Subtraction

6 Add lines 2 and 5 **6** _____ .00

7 Enter \$3,560 (\$1,780 if married filing separate or a divorced parent) **7** _____ .00

8 Enter the smaller of line 6 or 7 **8** _____ .00

9 Carryover (see instructions) **9** _____ .00

10 **Allowable subtraction.** Add lines 8 and 9 (see instructions for further limitations). Do not enter more than \$3,560 (\$1,780 if married filing separate or a divorced parent.) Also complete Part II. **10** _____ .00

Section D – Total Amount Contributed to Account for 2014-2022

11 Amount contributed to the account **by others** for 2022 **11** _____ .00

12 Amount contributed to the account for 2014-2021 (from line 10 of **2021** Schedule CS) **12** _____ .00

13 Add lines 2, 11, and 12. This is the total amount contributed to the account for 2014-2022 **13** _____ .00

Part II Eligible carryover

14 Amount you contributed to the accounts for 2022. Enter amount from line 6 **14** _____ .00

15 Amount from line 10 **15** _____ .00

16 Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter - 0-. Also complete Part V **16** _____ .00

Part III Withdrawals within 365 days of deposit

17 Using a first-in, first-out method, did you withdraw an amount in 2022 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?

a If yes, enter the amount deposited and withdrawn within 365 days **17a** _____ .00

b Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income.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) **17b** _____ .00

c Subtract line 17b from line 17a. This is the amount of carryover that must be reduced. Complete Part V **17c** _____ .00

Part IV – See next page

See instructions for completing form.



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

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

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

19 If the owner or beneficiary was subject to a federal penalty for 2022 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	19	.00
20 Amount contributed to the account for 2014 – 2022 from line 13	20	.00
21 Amount claimed as a subtraction for 2014 – 2022 by all contributors	21	.00
22 Enter the smaller of line 19, 20, or 21. Add this amount to your (owner's) Wisconsin income	22	.00
23 If line 19 is greater than line 22, subtract line 22 from line 19. Any carryover must be reduced by this amount. Complete Part V	23	.00

Section B – Rollover to another state's qualified tuition program (complete lines 24-26)

24 If, during 2022, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	24	.00
25 Enter the portion of the amount on line 24 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	25	.00
26 Subtract line 25 from line 24. This is the amount of carryover that must be reduced. Complete Part V	26	.00

Section C – Rollover to a qualified ABLE account (complete lines 27-31)

27 If, during 2022, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	27	.00
28 Exclusion amount	28	16000.00
29 Subtract line 28 from line 27. If -0- or less, enter -0- and do not complete lines 30 and 31. You do not have to add an amount to Wisconsin income	29	.00
30 Enter the portion of the amount on line 29 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>)	30	.00
31 Subtract line 30 from line 27. This is the amount of carryover that must be reduced. Complete Part V	31	.00

Part V Computation of Carryover from 2022 to 2023

32 Carryover from line 39 of 2021 Schedule CS	32	.00
33 Carryover from line 16 of 2022 Schedule CS	33	.00
34 Add amounts on lines 32 and 33	34	.00
35 Enter the following amounts from this 2022 Schedule CS		
a line 9 _____ 35a		.00
b line 17c _____ 35b		.00
c line 23 _____ 35c		.00
d line 26 _____ 35d		.00
e line 31 _____ 35e		.00
36 Add the amounts on lines 35a through 35e	36	.00
37 Subtract line 36 from line 34. This is your carryover to 2023	37	.00

