Schedule 2K-1

## Beneficiary's Share of Income, Deductions, etc.

Wisconsin Department of Revenue

For 2012 or taxable year beginning \_\_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_

2012

| Part I Information About the Estate or Trust   | Part II Information About the Beneficiary                |                   |                         |  |  |
|--|--|-------------------|-------------------------|--|--|
| A Estate's or trust's federal employer ID number   | C Beneficiary's identifying number                       |                   |                         |  |  |
| <b>B</b> Estate's or trust's name, address, city, state, and ZIP code  | D Beneficiary's name, address, city, state, and ZIP code |                   |                         |  |  |
| E Check applicable boxes: Final 2K-1 Amended 2K-1  Check if beneficiary is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.  Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items   |  |                   |                         |  |  |
| (a) Distributive share items   | (b)<br>Federal amount                                    | (c)<br>Adjustment | (d)<br>Wisconsin amount |  |  |
| 1 Interest income 2 Ordinary dividends 3 Net short-term capital gain 4 Net long-term capital gain 4 Portion of the amount on line 4a, column (d) that is attributable to gain on the sale of farm assets 5 Other portfolio income 6 Ordinary business income 7 Net rental real estate income 8 Other rental income 9 Directly apportioned deductions (list): |  |                   |                         |  |  |
| Estate tax deduction   |  |                   |                         |  |  |
| 12 Alternative minimum tax adjustment (list):  |  |                   |                         |  |  |

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|--|-----------------------|--------------------------|-------------------------|
| (a) Distributive share items                                   | (b)<br>Federal amount | <i>(c)</i><br>Adjustment | (d)<br>Wisconsin amount |
| 13 Other information (list):                                   |                       |                          |                         |
|  |                       |                          |                         |
|  |                       |                          |                         |
|  |                       |                          |                         |
|  |                       |                          |                         |
| 14 Related entity expenses:                                    |                       |                          |                         |
| a Related entity expense addback                               |                       | 14a                      |                         |
| <b>b</b> Related entity expense allowable                      |                       | b                        |                         |
| 15 Wisconsin credits:  |                       | 45-                      |                         |
| a Schedule   |                       | 15a                      |                         |
| <b>b</b> Schedule  |                       | b                        |                         |
| c Schedule   |                       | C .                      |                         |
| d Schedule   |                       | d                        |                         |
| e Schedule   |                       | е                        |                         |
| f Schedule   |                       | f                        |                         |
| g Schedule   |                       | 9                        |                         |
| h Schedule   |                       | h                        |                         |
| i Schedule   |                       | i                        |                         |
| j Schedule   |                       | j                        |                         |
| k Schedule   |                       | k                        |                         |
| <b>L</b> Schedule  |                       | L                        |                         |
| <b>m</b> Schedule  |                       | m                        |                         |
| n Schedule   |                       | n                        |                         |
| Supplement to federal historic rehabilitation credit           |                       | 0                        |                         |
| <b>p</b> Health insurance risk-sharing plan assessments credit |                       | р                        |                         |
| <b>q</b> Wisconsin tax withheld                                |                       | q                        |                         |