

Form 2 Wisconsin fiduciary income tax for estates or trusts

2013

Use **BLACK INK** For 2013 or taxable year beginning and ending

Note

DO NOT STAPLE

ESTATES ONLY – Legal last name		Legal first name	M.I.	Decedent's social security number	
TRUSTS ONLY – Legal name					
Name of personal representative, petitioner, or trustee					
Address of personal representative, petitioner, or trustee			City	State	Zip code
County of jurisdiction		Probate case number		Estate's/Trust's federal EIN	
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				Check one	
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>				<input type="checkbox"/> Electing small business trust	
If an estate, enter age of decedent at date of death <u> </u>				<input type="checkbox"/> Qualified funeral trust	
If this is a trust return, is the trust <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable?				<input type="checkbox"/> Bankruptcy estate	
If a trust, is the grantor a resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Inter vivos trust	
Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Testamentary trust	
Special Conditions <input type="checkbox"/>				<input type="checkbox"/> Section 645 election	
Address where decedent lived at time of death				Zip code	
<input type="checkbox"/> Decedent's estate					

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

1	Federal taxable income of fiduciary (see instructions)	1	<u> </u>	.00
2	Additions (from Schedule A or NR)	2	<u> </u>	.00
3	Add lines 1 and 2	3	<u> </u>	.00
4	Subtractions (from Schedule A or NR)	4	<u> </u>	.00
5	Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	5	<u> </u>	.00
6a	Gross tax (see instructions, page 4)	6a	<u> </u>	.00
6b	ESBT (see instructions, page 4)	6b	<u> </u>	.00
7	Supplement to federal historic rehabilitation credit	7	<u> </u>	.00
8	Certain nonrefundable credits from line 15 of Schedule CR	8	<u> </u>	.00
9	Add credits on lines 7 and 8	9	<u> </u>	.00
10	Subtract line 9 from line 6a. If line 9 is larger than line 6a, fill in zero (0)	10	<u> </u>	.00
11	Alternative minimum tax. Enclose Schedule MT	11	<u> </u>	.00
12	Add lines 10 and 11	12	<u> </u>	.00
13	Other credits from Schedule CR, line 28	13	<u> </u>	.00
14	Net tax paid to another state. Enclose Schedule OS	14	<u> </u>	.00
15	Add credits on lines 13 and 14	15	<u> </u>	.00
16	Subtract line 15 from line 12. If line 15 is larger than line 12, enter zero (0)	16	<u> </u>	.00



NO COMMAS; NO CENTS

17 Enter amount from line 16	17	_____	.00
18 Wisconsin income tax withheld (see instructions)	18	_____	.00
19 2013 estimated payments and amount applied from 2012 return ...	19	_____	.00
20 Farmland preservation credit. a Schedule FC, line 18	20a	_____	.00
b Schedule FC-A, line 13	20b	_____	.00
21 Other credits from Schedule CR, line 39	21	_____	.00
22 AMENDED RETURN ONLY – amount paid with the original return .	22	_____	.00
23 Add lines 18 through 22	23	_____	.00
24 AMENDED RETURN ONLY – refund from original return less amount applied to 2014 estimated tax	24	_____	.00
25 Subtract line 24 from line 23	25	_____	.00
26 If line 25 is larger than line 17, subtract line 17 from line 25	26	AMOUNT OVERPAID _____	.00
27 Amount of line 26 to be REFUNDED TO YOU	27	_____	.00
28 Amount of line 26 to be applied to your 2014 ESTIMATED TAX	28	_____	.00
29 If line 25 is less than line 17, subtract line 25 from line 17	29	BALANCE DUE _____	.00
30 Underpayment interest. Exception code – See Schedule U ▶ _____ Also include on line 29 (see instructions, page 7)	30	_____	.00



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

Also paper clip copies of Wisconsin Schedules 2K-1, 2M, NR, and WD (Form 2) and other documents, if required. A request for a closing certificate for fiduciaries must be made 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 Name	_____ Signature of preparer	_____ Date
		_____ Daytime phone
		()

Mail your return to: Wisconsin Department of Revenue

- If making a payment or submitting Schedule CC to request a closing certificate*.....PO Box 8918, Madison WI 53708-8918
- All other trusts and estates*.....PO Box 8955, Madison WI 53708-8955

For Department Use Only		
	C	



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. }
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	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
ADDITIONS:		
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 31, of Schedule 2M . . . . .		.00
6. Add lines 1 through 5 and enter on line 2 of Form 2 . . . . .		.00

SUBTRACTIONS:		
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 46, of Schedule 2M . . . . .		.00
12. Add lines 7 through 11 and enter on line 4 of Form 2 . . . . .		.00

SCHEDULE B – Adjustments to Convert 2013 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 11)
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	Adjustments for 2013	
	COL. 1 – Distributable (Enter on Schedule 2K-1)	COL. 2 – Nondistributable (Enter on Schedule A*)
NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.		
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 figure in COL. 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
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	A. Federal Adjusted Basis	B. Wisconsin Adjusted Basis	C. Difference
1. Description of capital assets held ONE YEAR OR LESS and reason for difference in basis			
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 WD (Form 2) . . . . .			.00
3. Description of capital assets held MORE THAN ONE YEAR and reason for difference in basis			
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 WD (Form 2) . . . . .			.00