

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

**2013**

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

**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				<b>Check one</b> <input type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified funeral 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> If an estate, enter age of decedent at date of death <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 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>	<u>          </u>	<b>.00</b>
<b>2</b>	Additions (from Schedule A or NR) . . . . .	<b>2</b>	<u>          </u>	<b>.00</b>
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	<u>          </u>	<b>.00</b>
<b>4</b>	Subtractions (from Schedule A or NR) . . . . .	<b>4</b>	<u>          </u>	<b>.00</b>
<b>5</b>	Wisconsin taxable income of fiduciary (subtract line 4 from line 3) . . . . .	<b>5</b>	<u>          </u>	<b>.00</b>
<b>6a</b>	Gross tax (see instructions, page 4) . . . . .	<b>6a</b>	<u>          </u>	<b>.00</b>
<b>6b</b>	ESBT (see instructions, page 4) . . . . .	<b>6b</b>	<u>          </u>	<b>.00</b>
<b>7</b>	Supplement to federal historic rehabilitation credit . . . . .	<b>7</b>	<u>          </u>	<b>.00</b>
<b>8</b>	Certain nonrefundable credits from line 15 of Schedule CR . . . . .	<b>8</b>	<u>          </u>	<b>.00</b>
<b>9</b>	Add credits on lines 7 and 8 . . . . .	<b>9</b>	<u>          </u>	<b>.00</b>
<b>10</b>	Subtract line 9 from line 6a. If line 9 is larger than line 6a, fill in zero (0) . . . . .	<b>10</b>	<u>          </u>	<b>.00</b>
<b>11</b>	Alternative minimum tax. Enclose Schedule MT . . . . .	<b>11</b>	<u>          </u>	<b>.00</b>
<b>12</b>	Add lines 10 and 11 . . . . .	<b>12</b>	<u>          </u>	<b>.00</b>
<b>13</b>	Other credits from Schedule CR, line 28 . . . . .	<b>13</b>	<u>          </u>	<b>.00</b>
<b>14</b>	Net tax paid to another state. Enclose Schedule OS . . . . .	<b>14</b>	<u>          </u>	<b>.00</b>
<b>15</b>	Add credits on lines 13 and 14 . . . . .	<b>15</b>	<u>          </u>	<b>.00</b>
<b>16</b>	Subtract line 15 from line 12. If line 15 is larger than line 12, enter zero (0) . . . . .	<b>16</b>	<u>          </u>	<b>.00</b>



**NO COMMAS; NO CENTS**

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



**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. }

ADDITIONS:	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
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)**

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2013	
	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 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**

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 WD (Form 2) . . . . .			.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 WD (Form 2) . . . . .			.00