

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

**2014**

Wisconsin Department  
of Revenue

For 2014 or taxable year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

<b>Part I</b> Information About the Estate or Trust	<b>Part II</b> Information About the Beneficiary
<b>A</b> Estate's or trust's federal employer ID number	<b>C</b> Beneficiary's identifying number
<b>B</b> Estate's or trust's name, address, city, state, and ZIP code	<b>D</b> Beneficiary's name, address, city, state, and ZIP code

**E** Check applicable boxes:     **Final 2K-1**                       **Amended 2K-1**

**F**  Check if beneficiary is a nonresident and filed Form PW-2 to opt out of pass-through entity withholding.

<b>Part III</b> Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items			
<i>(a)</i> Distributive share items	<i>(b)</i> Federal amount	<i>(c)</i> Adjustment	<i>(d)</i> Wisconsin amount
<b>1</b> Interest income . . . . .			
<b>2</b> Ordinary dividends . . . . .			
<b>3</b> Net short-term capital gain . . . . .			
<b>4a</b> Net long-term capital gain . . . . .			
<b>4b</b> Portion of the amount on line 4a, column (d) that is attributable to gain on the sale of farm assets . . . . .			
<b>5</b> Other portfolio income . . . . .			
<b>6</b> Ordinary business income . . . . .			
<b>7</b> Net rental real estate income . . . . .			
<b>8</b> Other rental income . . . . .			
<b>9</b> Directly apportioned deductions (list):			
_____			
_____			
_____			
<b>10</b> Estate tax deduction . . . . .			
<b>11</b> Final year deductions (list):			
_____			
_____			
_____			
_____			
<b>12</b> Alternative minimum tax adjustment (list):			
_____			
_____			
_____			
_____			

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Wisconsin amount
<b>13</b> Other information (list):			
<b>14</b> Related entity expenses:			
<b>a</b> Related entity expense addback .....			<b>14a</b>
<b>b</b> Related entity expense allowable .....			<b>b</b>
<b>15</b> Wisconsin credits:			
<b>a</b> Schedule _____ .....			<b>15a</b>
<b>b</b> Schedule _____ .....			<b>b</b>
<b>c</b> Schedule _____ .....			<b>c</b>
<b>d</b> Schedule _____ .....			<b>d</b>
<b>e</b> Schedule _____ .....			<b>e</b>
<b>f</b> Schedule _____ .....			<b>f</b>
<b>g</b> Schedule _____ .....			<b>g</b>
<b>h</b> Schedule _____ .....			<b>h</b>
<b>i</b> Schedule _____ .....			<b>i</b>
<b>j</b> Schedule _____ .....			<b>j</b>
<b>k</b> Schedule _____ .....			<b>k</b>
<b>L</b> Schedule _____ .....			<b>L</b>
<b>m</b> Schedule _____ .....			<b>m</b>
<b>n</b> Schedule _____ .....			<b>n</b>
<b>o</b> Schedule _____ .....			<b>o</b>
<b>p</b> Health insurance risk-sharing plan assessments credit ...			<b>p</b>
<b>q</b> Wisconsin tax withheld .....			<b>q</b>