FORM 2

WISCONSIN FIDUCIARY INCOME TAX RETURN (For Estates or Trusts)

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	For 1999 or taxable yea	r beginning	, 1999	, and ending _					
Estate only - Last name	•	First name and middle initial	Decede	ent's social security	number Ti	rust's fede	ral ID nun	nber (EIN)	
Trusts only - Name			Ifname	change, state previ	ious name				
radio diny rame			iiiiaiie	change, state previ	ious name				
Name and address of personal rep	presentative, petitioner, or truste	ee				C	heck oi	ne	
							_	dent's est	
Address where decedent lived at ti	me of death		Spouse	e's first name		—		uptcy est mentary	
							Inter	vivos trus	t
Date trust or bankruptcy	estate was created or o	date of decedent's death _					Electi trus	ng small t	business
If this is a trust return, is		Revocable or	Irrevo	ocable?				- Qualifie	
Is the grantor a resident of its this the first Form 2 of its		<pre> Yes No Yes No </pre>	Age of d	lecedent		Co	unty of Jur	eral Trus	τ
Is this the final Form 2 of		☐ Yes ☐ No	Age of t						
Are you requesting a clos		me? Yes No	If yes, co	mplete Sched	lule D, page	2 Pro	bate Case	Number	
Individual/firm the closing cer	tificate will be mailed to			Attention or c/o	0				
Address				City			State	Zip code	
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FOR DEPT USE ONLY		CL 7AU	8AU	9OP	9CL	<u> </u>	OLDFC)H	
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		\ ackump 0 line 10\							•
		A, column 2, line 12) (subtract line 4 from line							•
	-		-						<u>.</u>
		BT, line 1, see instr. on pag					<u> </u>		•
		ctions on page 5)							
	•	larger than line 6a, fill ir							
9. Alternative minimu	ım tax. (Attach Sche	dule MT)				. 9			
-	·	I. DC) Manufacturer's sa		•					•
		is larger than line 10, fil				. 12			•
		n withholding statement t applied from 1998 reti			•				
· ·	•	Schedule FC)							
•	•	ee instructions)			•				
		axes X .		7					
18. AMENDED RETU	RN ONLY - amount	paid with original return	1	8					
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		2000 ESTIMATED TAX							•
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Signature of fiduciary or trust offic	er				Date		Tele	phone numb	er
DEDCON BREE ARMS TO	IF DETUDAL (C. P. C.	Laural Elman \ 16 - March 11 - 12					()	
PERSON PREPARING TI Name of preparer other than fiducia		I and firm) if other than the p Signature of preparer	preceding	signer	Date		Tele	phone numb	er
							()	
	consin Department of R						1		1-02
If trust P. If estate	O. Box 8904, Madison,	WI 53708-8904							
If certificate request P.	O. Box 8904, Madison,	WI 53708-8904							
Area belo	ow this line for department	use only		R	MON YR	T MA	N D	A P C	

DDITIONS: 1. Adjustment to convert 1999 federal taxable income to the level allowable under the Internal Revenue Code in effect on December 31, 1998 (Schedule B) 2. Interest (less related expenses) on state and municipal obligations 3. State and local taxes (see instructions) 4. Capital gain/loss adjustment (see instructions) 5. Other (specify) 6. Total additions (add lines 1 through 5) UBTRACTIONS: 7. Adjustment to convert 1999 federal taxable income to the level allowable under the Internal Revenue Code in effect on December 31, 1998 (Schedule B) 8. Interest (less related expenses) on obligations of the United States 9. Capital gain/loss adjustment (see instructions) 10. State and local income tax refunds (see instructions) 11. Other (specify) 12. Total subtractions (add lines 7 through 11) 13. Interest (less related expenses) on obligations of the United States 14. Other (specify) 15. Adjustment for 1999 federal taxable income to the level allowable under the Internal Revenue Code in effect on December 31, 1998 (Schedule B) 16. Capital gain/loss adjustment (see instructions) 17. Adjustment for December 31, 1998 (see instructions on page 11) 18. Interest (less related expenses) on obligations of the United States 18. Interest (less related expenses) on obligations of the United States 18. Interest (less related expenses) on obligations of the United States 18. Interest (less related expenses) on obligations of the United States 19. Capital gain/loss adjustment (see instructions) 10. Capital gain/loss adjustment (see instructions) 11. Other (specify) 12. Total subtractions (add lines 7 through 11) 13. Adjustments for 1999 14. Distributable Non-Distributable 15. Distributable Non-Distributable	Form 2 (1999)					Page	
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Did the decedent have a will?	b TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Scr	nedule WD	(Form 2)				
Was a Wisconsin estate tax return (Form W-706) filed?	states Did the decedent have a will? ☐ Yes ☐ No Type of Probate ☐ formal ☐ informal ☐ other						
If the decedent did not file tax returns prior to death, state the decedent's approximate income for: 1999 - \$							
1998 - \$,						
a. Attach a copy of the inventory and will. b. Attach a copy of the final account to the final Form 2. Is a certificate required by the court? Yes No See page 2 of the instructions (Requests for Closing Certificates). If an estate does not have enough income to require filing and needs a Closing Certificate for Fiduciaries, or if the estate will be filing only one fiduciary return when the estate is closed and needs the closing certificate before filing that return, see page 2 of the instructions for procedures to be followed. **rusts** Attach a copy of the trust instrument (will / codicils) with amendments and copies of annual court accountings for past three years. a. Name(s) of grantor(s) Social Security Number(s) Social Security Number(s) Social Security Number(s) State reason for closing the trust			me for: 19	999 - \$			
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