FORM 2

WISCONSIN FIDUCIARY INCOME TAX RETURN (For Estates or Trusts) For 2002 or taxable year beginning ________, 2002, and ending ________

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Estate only - Last name	First name and middle initial		Deceder	it's social security r	number	
Trusts only - Name			Trust's f	ederal ID number (E	EIN)	
Name and address of personal representative, petitioner, or to	rustee				Check of	nne
						edent's estate
Address of death		2				kruptcy estate
Address where decedent lived at time of death		Spouse's f	nrst name			tamentary trust r vivos trust
No. 1 and a second and a second as a secon	As of deceded to decide				_	ting small business
Date trust or bankruptcy estate was created or da		Irrevoca	hla?	<u></u> .	tru	ust
s the grantor a resident of Wisconsin?	☐ Yes ☐ No	IIICVOCE	ibic:		_	– Qualified Funeral
s this the first Form 2 of the estate or trust?		of dece	edent		County of	Jurisdiction
s this the final Form 2 of the estate or trust?	☐ Yes ☐ No				Probate Ca	ase Number
are you requesting a closing certificate at this time	e? Yes No If ye	es, com	plete Sched	ule D, page 3	1 105410 01	
ndividual/firm the closing certificate will be mailed to		A	ttention or c/c)		
ddress			ity		State	Zip code
uuless			пу		State	Zip code
OR DEPT USE ONLY 20P 20	CL 7AU 8AU	, 	9OP	9CL	HOLD	FOR
Federal taxable income of fiduciary (fro	m attached federal Form 10)41. line	e 22)		1	.00
2. Additions (from Form 2, Schedule A, co					2	.00
3. Add lines 1 and 2				<u> </u>	3	.0
4. Subtractions (from Form 2, Schedule A					4	.0
5. Wisconsin taxable income of fiduciary (subtract line 4 from line 3) .				5	.0
6a. Gross tax (see instructions on page 5)		. <u></u>			6a	.0
6b. ESBT (enter amount from Schedule ESE	T, line 1, see instr. on page 5)	6b		.00		
7. Historic credit (see instructions on page	•				7	.0
8. Subtract line 7 from line 6a. If line 7 is I	_				8	.0
9. Alternative minimum tax. (Attach Sche					9	.0
10. Add lines 8 and 9					10	.0
11. Development zone credits (attach Sch. D					11	.0.
 Subtract line 11 from line 10. If line 11 in the substract line 11 in the substract line 11. Recycling surcharge. Attach Schedule Filter 					12	.0.
14. Add lines 12 and 13				<u> </u>	14	00.
15. Wisconsin income tax withheld (attach				.00	14	.00
16. 2002 estimated payments and amount				.00		
17. Farmland preservation credit (attach So		. 17		.00		
18. Net income tax paid to other states (se				.00		
19. Farmland tax relief credit: Farmland tax	<i>'</i>			.00		
20. AMENDED RETURN ONLY – amount p				.00		
21. Total lines 15 through 20	_			.00		
22. AMENDED RETURN ONLY – refund fr						
amount applied to 2003 estimated tax				.00)	T	
23. Subtract line 22 from line 21				<u> </u>	23	.0
24. If line 23 is larger than line 14, enter					24	.0
25. If line 23 is less than line 14, enter			BAL	ANCE DUE	25	.0
26. Amount of line 24 to be applied to your				.00		
as fiduciary, declare under penalties of law the deral income tax return) and to the best of my					ules, state	ements, and copy
Signature of fiduciary or trust officer	- Knowledge and belief it is tru		ect and con	Date	Te	elephone number
3					()
PERSON PREPARING THE RETURN (individua		ceding s	signer			
	10:			Date	Te	elephone number
Name of preparer other than fiduciary	Signature of preparer					`
		, .			()
020	Area below this	line for			<u>ΜΔΝΙ </u> () A P C
	Area below this venue 11 53708-8955	: line for	department ι		MAN D) A P C

Sch	nedule A -MODIFICATIONS AND ADJUSTMENTS	COL. 1-Distributable Income	COL. 2
AD	DITIONS:	(Report on Schedule 2K-1)	Non-Distributable Income
1.	Adjustment to convert 2002 federal taxable income to the level allowable under		
	the Internal Revenue Code in effect on December 31, 1999 (Schedule B)		.00
2.	Interest (less related expenses) on state and municipal obligations	.00	.00
3.	State and local taxes (see instructions)	.00	.00
4.	Capital gain/loss adjustment (see instructions)		.00
5.	Other (specify)	.00	.00
6.	Total additions (add lines 1 through 5)	.00	.00
SUI	BTRACTIONS:		
7.	Adjustment to convert 2002 federal taxable income to the level allowable under		
	the Internal Revenue Code in effect on December 31, 1999 (Schedule B)		.00
8.	Interest (less related expenses) on obligations of the United States	.00	.00
9.	Capital gain/loss adjustment (see instructions)		.00
10.	State and local income tax refunds (see instructions)	.00	.00
11.	Other (specify)	.00	.00
12.	Total subtractions (add lines 7 through 11)	.00.	.00

Schedule B - ADJUSTMENTS TO CONVERT 2002 FEDERAL TAXABLE INCOME TO THE LEVEL ALLOWABLE UNDER THE INTERNAL REVENUE CODE IN EFFECT ON DECEMBER 31, 1999 (see instructions on page 11)

NATURE OF ARIHICAMENT. Evalue fully an attached school of	Adjustments for 2002			
NATURE OF ADJUSTMENT – Explain fully on attached schedule.	Distributable	Non-Distributable		
1 TOTAL from attached schedule (show deficit amount in parenthesis)	.00.	.00		
a. Enter total from distributable column on Wisconsin Schedule 2K-1, as appropriate				
 b. If total in non-distributable column increases federal taxable income, enter it on Schedule A, line 1 				
If total in non-distributable column decreases federal taxable income, enter it on Schedule A, line 7				

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
d.		.00	.00	.00
e.		.00	.00	.00
f.		.00	.00	.00
2 TC	DTAL - Combine amounts in column C. Fill in here and on line 4 of Wisconsin Sch	nedule 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
d.		.00	.00	.00
e.		.00	.00	.00
f.		.00	.00	.00
4 TC	OTAL - Combine amounts in column C. Fill in here and on line 12 of Wisconsin So	shedule WD (Form 2)		.00

Schedule D – INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICAT States	
Schedule D - INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICAT States	
Did the decedent have a will? Yes No Type of Probate formal informal other Is there a requirement to file a federal estate tax return (Form 706)? Yes No If Yes, date filed Was a Wisconsin estate tax return (Form W-706) filed? Yes No If Yes, date filed If the decedent did not file tax returns prior to death, state the decedent's approximate income for: 2002 - \$	
Did the decedent have a will?	ΓΕ
Did the decedent have a will?	
Is there a requirement to file a federal estate tax return (Form 706)?	
Was a Wisconsin estate tax return (Form W-706) filed?	
Was a Wisconsin estate tax return (Form W-706) filed?	
Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? \ Yes \ No Attach a copy of the inventory and will. If no inventory was prepared, provide a list of all assets and their values that transferred from the decedent. 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 Closin If an estate does not have enough income to require filing and needs a Closing Certificate for Fiduciaries, or if the estate one fiduciary return when the estate is closed and needs the closing certificate before filing that return, see page 2 of procedures to be followed. **But 1999 - \$ \ No \	
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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 Closin. If an estate does not have enough income to require filing and needs a Closing Certificate for Fiduciaries, or if the estate one fiduciary return when the estate is closed and needs the closing certificate before filing that return, see page 2 of procedures to be followed. usts Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual court accountings for postal Security Number(s) b. Name(s) of grantee(s) Social Security Number(s)	
Is a certificate required by the court?	
usts Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual court accountings for p a. Name(s) of grantor(s) Social Security Number(s) b. Name(s) of grantee(s) Social Security Number(s)	ate will be filing
Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual court accountings for p a. Name(s) of grantor(s) Social Security Number(s) b. Name(s) of grantee(s) Social Security Number(s)	tne instruction
a. Name(s) of grantor(s) Social Security Number(s) b. Name(s) of grantee(s) Social Security Number(s)	
Social Security Number(s) b. Name(s) of grantee(s) Social Security Number(s)	ast three years
Social Security Number(s)	
•	
	If Yes, explain
State reason for closing the trust	
Has the trust made an annual accounting to a court? ☐ Yes ☐ No	If No, explain