

For 2002 or taxable year beginning \_\_\_\_\_, 2002, and ending \_\_\_\_\_

Please print or type

Form header section including fields for Estate/Trusts Name, Decedent's social security number, Trust's federal ID number, Name and address of personal representative, and various checkboxes for estate type and jurisdiction.

Attach check or money order here

Table for tax calculations with columns for line number, description, and amount. Includes lines 1 through 26 for calculating Wisconsin income tax liability and refund/balance due.

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.

Signature lines for the fiduciary/trust officer and the preparer, including fields for date and telephone number.

Mail your return to: Wisconsin Department of Revenue. If trust, P.O. Box 8955, Madison, WI 53708-8955. If estate, P.O. Box 8904, Madison, WI 53708-8904. If certificate request, P.O. Box 8904, Madison, WI 53708-8904.

Area below this line for department use only. Includes a routing slip with columns for R, MON, YR, T, MAN, D, A, P, C.

**Schedule A – MODIFICATIONS AND ADJUSTMENTS**

**ADDITIONS:**

	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 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

**SUBTRACTIONS:**

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 ADJUSTMENT – Explain fully on attached schedule.	Adjustments for 2002	
	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 <b>increases</b> federal taxable income, enter it on Schedule A, line 1		
If total in non-distributable column <b>decreases</b> 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	TOTAL – Combine amounts in column C. Fill in here and on line 4 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
d.		.00	.00	.00
e.		.00	.00	.00
f.		.00	.00	.00
4	TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Schedule WD (Form 2) . . . . .			.00

**ATTACH A COPY OF FEDERAL FORM 1041 AND SCHEDULES TO THIS RETURN.  
ALSO ATTACH COPIES OF WISCONSIN SCHEDULES 2K-1 AND WD (FORM 2), IF REQUIRED.**

