

For 2003 or taxable year beginning _____, 2003, and ending _____



Please print or type

Form sections: Estate only - Last name, First name and middle initial, Decedent's social security number, Trusts only - Name, Estates / Trust's federal ID number (EIN), Name and address of personal representative, petitioner, or trustee, Check one (Sec. 645 election, Decedent's estate, Bankruptcy estate, Testamentary trust, Inter vivos trust, Electing small business trust, QFT - Qualified Funeral Trust), Address where decedent lived at time of death, Spouse's first name, Date trust or bankruptcy estate was created or date of decedent's death, If this is a trust return, is the trust (Revocable or Irrevocable?), Is the grantor a resident of Wisconsin? (Yes/No), Is this the first Form 2 of the estate or trust? (Yes/No), Is this the final Form 2 of the estate or trust? (Yes/No), Are you requesting a closing certificate at this time? (Yes/No), Individual/firm the closing certificate will be mailed to, Attention or c/o, Address, City, State, Zip code

FOR DEPT USE ONLY 2OP [] 2CL [] 7AU [] 8AU [] 9OP [] 9CL [] HOLD FOR

Attach check or money order here

Table with 26 rows for tax calculations. Columns include line number, description, and amount. Key rows include: 1. Federal taxable income of fiduciary (.00), 6a. Gross tax (.00), 21. Total lines 15 through 20 (.00), 26. Amount of line 24 to be applied to your 2004 ESTIMATED TAX (.00)

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 of fiduciary or trust officer, Date, Telephone number

PERSON PREPARING THE RETURN (individual and firm) if other than the preceding signer. Name of preparer other than fiduciary, Signature of preparer, Date, Telephone number

I-020

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. R MON YR T MAN D A P C

Schedule A – MODIFICATIONS AND ADJUSTMENTS

	COL. 1-Distributable Income (Report on Schedule 2K-1)	COL. 2 Non-Distributable Income
ADDITIONS:		
1. Adjustment to convert 2003 federal taxable income to the level allowable under the Internal Revenue Code in effect on December 31, 2002 (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 2003 federal taxable income to the level allowable under the Internal Revenue Code in effect on December 31, 2002 (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 2003 FEDERAL TAXABLE INCOME TO THE LEVEL ALLOWABLE UNDER THE INTERNAL REVENUE CODE IN EFFECT ON DECEMBER 31, 2002 (see instructions on page 11)

NATURE OF ADJUSTMENT – Explain fully on attached schedule.	Adjustments for 2003	
	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	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.**

Estate only - Last name	First name and middle initial	Decedent's social security number	Trust's federal ID number (EIN)
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Schedule D – INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICATE FOR ESTATES

1. Did the decedent have a will? Yes No
2. Type of Probate formal informal other _____
3. Attach a copy of the inventory and will.
4. Was a federal estate tax return (Form 706) filed? Yes No If Yes, date filed _____
5. Was a Wisconsin estate tax return (Form W-706) filed? Yes No If Yes, date filed _____
NOTE: For gross estate of \$675,000 or more.
6. If the decedent did not file tax returns prior to death, state the decedent's approximate income for: 2003 - \$ _____,
2002 - \$ _____, 2001 - \$ _____, 2000 - \$ _____.
7. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? Yes No If Yes, explain:

8. Attach a copy of the final account to the final Form 2.
9. Is a certificate required by the court? Yes No See page 2 of the instructions (Requests for Closing Certificates).
10. 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.

Summary of Assets and Deductions

Enter the totals of each of the assets and deductions listed below.

Probate Assets

1. Real Estate 1. _____
2. Stocks and Bonds 2. _____
3. Mortgages, Notes & Cash 3. _____
4. Insurance Payable to Estate 4. _____
5. Other Miscellaneous Property 5. _____
6. **Total Probate Assets** (add lines 1 through 5) 6. _____

Nonprobate Assets

7. Jointly Owned Survivorship – Decedent's Share of Jointly Owned Property 7. _____
8. Survivorship Marital Property – Decedent's Share of Survivorship Marital Property 8. _____
9. Insurance Payable to Named Beneficiaries 9. _____
10. Transfers During Decedent's Life (gifts, etc.) 10. _____
11. Annuities & Employee Death Benefits 11. _____
12. Other Assets 12. _____
13. Subtotal of Other Assets (add lines 7 through 12) 13. _____
14. **Wisconsin GROSS Estate** (add lines 6 and 13) 14. _____

Deductions

15. Funeral Expenses 15. _____
16. Administration Expenses 16. _____
17. Debts of Decedent 17. _____
18. Mortgages & Liens 18. _____
19. Total (add lines 15 through 18) 19. _____
20. **Wisconsin TAXABLE Estate** (subtract line 19 from line 14) 20. _____

Trusts only - Name	First name and middle initial	Decedent's social security number	Trust's federal ID number (EIN)

Schedule E – INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICATE FOR TRUSTS

1. Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual court accountings for past three years.

2. a. Name(s) of grantor(s) _____
Social Security Number(s) _____

b. Name(s) of grantee(s) _____
Social Security Number(s) _____

3. On what date was the trust funded? _____

4. Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? Yes No If Yes, explain:

5. State reason for closing the trust _____

5a. If death of beneficiary, provide name of beneficiary, social security number, last address and date of death.

6. Have you petitioned the court to close the trust? Yes No

If Yes, attach a copy of the petition.

If No, explain why no petition has been filed. _____

7. Has the trust made an annual accounting to a court? Yes No If No, explain _____

8. Is a certificate required by the court? Yes No See page 2 of instructions (requests for closing certificates).

Summary of Assets

Enter the total value of each of the assets listed below that are held by the trust at the end of the year preceding the final year of the trust.

- 1. Real Estate 1. _____
- 2. Stocks and Bonds 2. _____
- 3. Mortgages, Notes & Cash 3. _____
- 4. Annuities and Life Insurance 4. _____
- 5. Interest in Partnerships and Sub S Corporations 5. _____
- 6. Other Miscellaneous Property 6. _____
- 7. **Total Assets** (add lines 1 through 6) 7. _____

Note: Where any line is left blank and the appropriate schedule for that line is not filed with this return, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing this return.