SCHEDULE (Form 2)

CAPITAL GAINS AND LOSSES

Attach to your Wisconsin Form 2

Wisconsin Department of Revenue Name of estate or trust Decedent's social security number

Estate or trust federal EIN

Pa	rt I Short-Term Capital Gains and	Losses – Ass	ets Held One `	Year or Less		
(Ex	(a) Description of property ample, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) GAIN OR (LOSS) (col. (d) less (e))
1						
2	Short-term gain or (loss) from Forms 4	684, 6252, 6781	, and 8824		2	
3	Net short-term gain or (loss) from partr	nerships, S corpo	orations, and oth	ner estates or trus	ts 3	
4	Adjustment to capital gain or (loss) for from Schedule C of Form 2	differences betw	veen Wisconsin	and federal basis	4	
5	Short-term capital loss carryover from	2004 Wisconsin	Schedule WD (Form 2), line 25.	5	()
6a	Combine lines 1 through 5 in column (f	·)			6a	
6b	Nondistributable portion included on lin	ne 6a (see instru	ctions)		6b	
	Distributable portion included on line 6a if a gain, and on line 11, column (d) of rt II Long-Term Capital Gains and	Schedule 2K-1 i	f a loss)		6c	n A Decedent
7	Long Torm Capital Came and				Noquirou i ioi	II A Boodwork
8	Long-term gain or (loss) from Forms 24	139. 4684. 6252.	. 6781. and 882	4	8	
9	Net long-term gain or (loss) from partner					
10	Capital gain distributions					
11	Enter gain from Form 4797, Part I					
12	Adjustment to capital gain or (loss) for basis from Schedule C of Form 2	differences betw	veen Wisconsin	and federal		
13	Long-term capital loss carryover from 2	2004 Wisconsin	Schedule WD (F	Form 2), line 30.	13	()
14a	Combine lines 7 through 13 in column	(f)			14a	
14b	Nondistributable portion included on lin	ne 14a (see instr	ructions)		14b	
14c	Distributable portion included on line 14 if a gain, and on line 11, column (d) of			umn (d), of Sched	ule 2K-1	

Schedule WD (Form 2) 2005 Page 2

name of estate of trust		estate or trust	l l		Estate or trus	Tiederal Eliv	
P	art I	II Summary of Parts I and II	l I	(a) Bene	eficiaries	(b) Fiduciary	
15	Со	ombine line 6c and 14c and enter the net gain or (loss) in combine lines 6b and 14b and enter the net gain or (loss) in conte: If line 15, column b is a loss, skip lines 16 through 18 and If line 15, column b is a gain, complete lines 16 through	column (b) d complete line 19.				
16	lf I Fill						
17	Fill in zero (0) if there is a loss or no entry on line 14b						
18							
19	9 If line 15, column b shows a (loss), fill in the smallest of: a The (loss) on line 15, column b, or b (\$500), or c Wisconsin ordinary income (see instructions)						
Pa	ırt I	V Computation of Wisconsin Adjustment to Income					
20	Ad	ljustment (see instructions for Part IV)		(a) Bene	eficiaries	(b) Fiduciary	
	а	Fill in gain from federal Form 1041, line 4. If a loss, fill in zero	o (0) 20a				
	b	Fill in gain from Wisconsin Schedule WD, line 18. If blank, fill	in zero (0) 20b				
	С	If line 20b, column b is more than line 20a, column b, subtraction line 20b. Fill in the result here and on line 4 of Schedule					
	d	If line 20b, column b is less than line 20a, column b, subtract line 20a. Fill in the result here and on line 9 of Schedule A, Fo					
	е	Fill in loss from federal Form 1041, line 4 as a positive amound from 1041, line 4 as a positive					
	f	Fill in loss from Wisconsin Schedule WD, line 19 as a positive If blank, fill in zero (0)					
	g	If line 20f, column b is more than line 20e, column b, subtract line 20f. Fill in the result here and on line 9 of Schedule A, Fo (If you also have an amount on line 20d, column b, add the a lines 20d and 20g, and fill in the total on line 9 of Schedule A	orm 2. mounts on				
	h	If line 20f, column b is less than line 20e, column b, subtract line 20e. Fill in the result here and on line 4 of Schedule A, Fo (If you also have an amount on line 20c, column b, add the alines 20c and 20h, and fill in the total on line 4 of Schedule A.	orm 2. mounts on				
P	art '	V Computation of Capital Loss Carryovers From 2005 to 2006 (C	Complete this part if the loss	on line 15, co	lumn b is more	than the loss on line 19.)	
Sh	ort-	Term Capital Loss Carryover				Fiduciary	
21		I in the loss shown on line 6b as a positive amount. If none, fill es 22 through 25			21		
22	Fill	I in gain shown on line 14b. If that line is blank or shows a loss	s, fill in zero (0)		22		
23	Su	btract line 22 from line 21			23		
24	Fill	I in the smaller of line 19 or line 23 treating both as positive an	nounts		24		
25	Su	btract line 24 from line 23. This is your short-term capital loss	carryover from 2005 t	o 2006	25		
Lo	ng-T	Term Capital Loss Carryover					
26	_	I in loss from line 14b as a positive amount. If none, fill in zero	(0) and skip lines 27	through 30) 26		
27		I in gain shown on line 6b. If that line is blank or shows a loss,		-			
28		ubtract line 27 from line 26					
29	Su	abtract line 24 from line 19, treating both as a positive amount. ote: If you skipped lines 22 through 25, fill in amount from the					
30	-	btract line 29 from line 28. This is your long-term capital loss of	-				