W706

Wisconsin Estate Tax Return

For Estates of Resident and Nonresident Decedents

										AMEND	DED	
Estate of (Last)			(First)			(MI) Date of death (MM DD YYYY)			Social security number			
Address of decedent at date of death					Date of birth (MM DD YYYY)			YY) I	Estate federal ID number (EIN)			
City State Zip code				Zip code	County				First name of surviving spouse			
Will a closing certificate for fiduciaries be needed to dwith the Circuit Court? Yes No					e the estate Type of proceeding				Probate case number			
	Α	ttach o	omplete	copy of Fe	ederal	Estat	e Tax Return	– Form	706.			
	1 See	instruct	ions						1		.00	
COMPUTATION	2 Gro	2 Gross value of property in Wisconsin							2		.00	
OF WISCONSIN ESTATE TAX	3 Gross value of total estate (line 1 of Part 2, Federal Form 706)								3		.00	
	4 Per	4 Percent of property in Wisconsin (line 2 divided by line 3)							4		%	
	5 Wis	consin e	state tax, s	see instructions	3				5		.00	
INTEREST AND PENALTY	6 Inte	rest @ 1	2% (from _	to) (see instructions) .		6		.00	
	7 Per	Penalty (see instructions)									.00	
	8 TO	TAL TAX	INTERES	T AND PENAL	.TY (add	lines 5,	6 and 7)		8		.00	
TAX DUE	9 Pre	vious pa	yment (ent	er date)			9		.00	
OR	10 If lir	If line 9 is less than line 8, subtract line 9 from line 8 Balance Due							ie 10		.00	
REFUND	11 If lir	1 If line 9 is greater than line 8, subtract line 8 from line 9							d 11	. 00		
DECLARATION of declare that I have examined by me as person filing this re	e made a nd is to turn, the	diligent the best prepare	and carefu of my kno er's separat	ıl search for pro wledge true, c	operty o	f every nd com	kind owned by th	ne deceder urn is prep nich he or s	nt, and ared b	that this retu by anyone oth s any knowle	rn has been ner than the	
Name		or atto			Addres	s (street,	city, state, zip code)			itato.		
					Design	otion	Doto	Tolon	hono ni	ımh o r		
SIGN					Design	alion	Date	(hone nu	imbei		
Person preparing the	he returr	n (individ	ual and firr	m) if other than	the pre	ceding	signer.					
Name					Addres	s (street,	city, state, zip code)					
SIGN HERE					Date			Telep	elephone number			
Γhe certificate det	terminir	ng Wisco	onsin esta	te tax will be i	mailed	to the i	ndividual / firm	at the add	lress :	shown belov	v:	
Name of individual or fir	rm				Attn or	c/o						
Address					City			State	te Zip code			
Make checks paya	able to a	and mail	to:							Department Use		
Wisconsin Departme	ent of Re	evenue						Audi Num			TO VAL	

Wisconsin Department of Revenue Mail Stop 5-144 PO Box 8906 Madison WI 53708-8906



For Department Use Only								
Auditor	TO VAL							
Number								
☐ 7AU ☐ 11OP ☐ 12OP								
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