FORM 2

WISCONSIN
FIDUCIARY INCOME TAX RETURN (For Estates or Trusts)

1997

For 1997 or taxable year beginning ________________ , 1997, and ending ________________

Please print or type

Estate only - Last name	First name and middle initial	Decedent's social security number	Trust's federal ID number (EIN)
Trusts only - Name		If name change, state previous name	
Name and address of personal representative, petitioner, or trustee			
Address where decedent lived at time of death		Spouse's first name	

Check whether:
- ☐ Decedent's estate
- ☐ Bankruptcy estate
- ☐ Testamentary trust
- ☐ Inter vivos trust
- ☐ Electing small business trust

County of Jurisdiction

Probate Case Number

Date trust or bankruptcy estate was created or date of decedent's death ________________

Is this the first return of the estate or trust? ☐ **Yes** ☐ **No** Age of decedent ______

Is this the final return of the estate or trust? ☐ **Yes** ☐ **No**

Are you requesting a closing certificate at this time? ☐ **Yes** ☐ **No** **If yes, see instructions.**

The closing certificate will be mailed to the address below.

Name of individual/firm	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

1. Federal taxable income of fiduciary (from attached federal Form 1041, line 23)		1	.
2. Additions (from Schedule A, column 2, line 6)		2	.
3. Add lines 1 and 2		3	.
4. Subtractions (from Schedule A, column 2, line 12)		4	.
5. Wisconsin taxable income of fiduciary (subtract line 4 from line 3)		5	.
6. **Gross tax** (see instructions on page 4)		6	.
7. Exemption/Historic credits (see instructions)		7	.
8. Subtract line 7 from line 6. If line 7 is larger than line 6, fill in zero (0)		8	.
9. Alternative minimum tax. Fill in alternative minimum tax from line 18 Schedule MT		9	.
10. Add lines 8 and 9		10	.
11. Development zone credits (attach Schedule DC)		11	.
12. Subtract line 11 from line 10. If Line 11 is larger than Line 10, fill in zero (0)		12	.
13. Temporary recycling surcharge (see instructions) ☐ Check if surcharge computed on worksheet. If worksheet not used, fill in nonfarm net business income ______ . ______ x .004345 =		13	.
14. Add lines 12 and 13.		14	.
15. Wisconsin income tax withheld (attach withholding statement)	15 .		
16. 1997 estimated payments and amount applied from 1996 return	16 .		
17. Farmland preservation credit (attach Schedule FC)	17 .		
18. Net income tax paid to other states (see instructions)	18 .		
19. Farmland tax relief credit: Farmland taxes ______ X .10 =	19 .		
20. AMENDED RETURN ONLY — amount paid with original return 1	20 .		
21. Total lines 15 through 20	**21** .		
22. AMENDED RETURN ONLY — refund from original return less amount applied to 1998 estimated tax 2	22 (.)		
23. Subtract line 22 from line 21		23	.
24. If line 23 is larger than line 14, enter REFUND		24	.
25. If line 23 is less than line 14, enter BALANCE DUE		25	.
26. Amount of line 24 to be applied to your 1998 ESTIMATED TAX	26 .		

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

Mail this return to:
Wisconsin Dept. of Revenue
P.O. Box 8904
Madison, WI 53708-8904

I-020 **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	COL. 2 Non-Distributable Income
ADDITIONS:		
1. Adjustment to convert 1997 federal taxable income to the level allowable under the Internal Revenue Code in effect on August 5, 1997 (Schedule B)		.
2. Interest (less related expenses) on state and municipal obligations	.	.
3. State and local taxes (see instructions)	.	.
4. Capital gain/loss adjustment (see instructions)		.
5. Other (specify)	.	.
6. Total additions (add lines 1 through 5)	.	.
SUBTRACTIONS:		
7. Adjustment to convert 1997 federal taxable income to the level allowable under the Internal Revenue Code in effect on August 5, 1997 (Schedule B)		.
8. Interest (less related expenses) on obligations of the United States	.	.
9. Capital gain/loss adjustment (see instructions)		.
10. State and local income tax refunds (see instructions)	.	.
11. Other (specify)	.	.
12. Total subtractions (add lines 7 through 11)	.	.

SCHEDULE B — ADJUSTMENTS TO CONVERT 1997 FEDERAL TAXABLE INCOME TO THE LEVEL ALLOWABLE UNDER THE INTERNAL REVENUE CODE IN EFFECT ON AUGUST 5, 1997 (see instructions on page 11)

		Adjustments for 1997	
1	NATURE OF ADJUSTMENT—EXPLAIN FULLY. SHOW DEFICIT AMOUNT IN PARENTHESES	Distributable	Non-Distributable
2	TOTAL (If total increases federal taxable income, enter on Schedule A, line 1) (If total decreases federal taxable income, enter on Schedule A, line 7)		
3	TOTAL (enter, as appropriate, on Wisconsin Schedule 2K-1)		

SCHEDULE C — ADJUSTMENTS TO CAPITAL GAINS/LOSSES BECAUSE CAPITAL ASSETS DISPOSED OF HAD DIFFERENT BASIS FOR WISCONSIN AND FEDERAL INCOME TAX PURPOSES

1a	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
1b	TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedule WD (Form 2) .... ▶			

2a	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
2b	TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Schedule WD (Form 2) .... ▶			

INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICATE FOR AN ESTATE

1 Did the decedent have a will? ☐ yes ☐ no

2 Type of Probate ☐ formal ☐ informal ☐ other ____________________

3 Is there a requirement to file a federal estate tax return (Form 706)? ☐ Yes ☐ No If Yes, date filed ____________

4 If the decedent did not file tax returns prior to death, state the decedent's approximate income for: 1997 - $ ____________, 1996 - $ ____________, 1995 - $ ____________, 1994- $ ____________.

5 Attach a copy of the inventory and will. Attach a copy of the final account to the final fiduciary return.

6 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.

INFORMATION REQUIRED WHEN REQUESTING A CLOSING CERTIFICATE FOR A TRUST

1 Attach a copy of the trust instrument with amendments 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 State reason for closing the trust ____________________

____

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

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.