

## Form 2 MeF ATS Scenario #26

### Forms Included in Scenario #26

Form 2  
Schedule 2M (new)  
Schedule NR

### Trust Name and FEIN

TEST OAK TREE TRUST  
40 0005426

### Personal Representative or Trustee Name and Mailing Address

BRANCH TREE BANK  
2135 RIMROCK RD  
MADISON WI 53708

Name/address change question should be marked

### Entity creation date and info

03 01 2004  
Irrevocable Trust  
Grantor is not a Wisconsin Resident

### Tax Type

Electing Small Business Trust (new: ESBT tax rate is 7.65%)

### Return payment and next year's estimated payments

Taxpayer would like the amount owed on the return directly debited as follows:

Routing Number: 075911852  
Bank Account Number: 7890123456  
Bank Account Type: Checking  
Payment Amount: \$880.00  
Requested Payment Date: 04/15/2014

Also, taxpayer would like to schedule estimate payments for tax year 2014:

Routing Number: 075911852  
Bank Account Number: 7890123456  
Bank Account Type: Savings

<u>Payment Date</u>	<u>Payment Amount</u>
4/15/2014	\$100
6/16/2014	\$200
9/15/2014	\$300
1-15/2015	\$400

**Form 2 Wisconsin fiduciary income tax for estates or trusts**

**2013**

Use **BLACK INK** For 2013 or taxable year beginning MM DD YYYY and ending MM DD YYYY

DO NOT STAPLE

ESTATES ONLY – Legal last name		Legal first name	M.I.	Decedent's social security number
TRUSTS ONLY – Legal name TEST OAK TREE TRUST				
Name of personal representative, petitioner, or trustee BRANCH TREE BANK				
Address of personal representative, petitioner, or trustee 2135 RIMROCK ROAD		City MADISON	State WI	Zip code 53708
County of jurisdiction		Probate case number	Estate's/Trust's federal EIN 40 0005426	
Check if applicable <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address or name change				<b>Check one</b> <input checked="" type="checkbox"/> Electing small business trust <input type="checkbox"/> Qualified funeral trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Inter vivos trust <input type="checkbox"/> Testamentary trust <input type="checkbox"/> Section 645 election <input type="checkbox"/> Decedent's estate
Date trust or bankruptcy estate was created or date of decedent's death <u>03</u> <u>01</u> <u>2004</u> <small>M M D D Y Y Y Y</small> If an estate, enter age of decedent at date of death _____ If this is a trust return, is the trust <input type="checkbox"/> Revocable <b>or</b> <input checked="" type="checkbox"/> Irrevocable? If a trust, is the grantor a resident of Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has Form W706 been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Special Conditions <input type="checkbox"/> _____ Address where decedent lived at time of death _____ Zip code _____				

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not like this** → 0147 **NO COMMAS; NO CENTS**

Paperclip check or money order here

1	Federal taxable income of fiduciary (see instructions) .....	1	3900.00
2	Additions (from Schedule A or NR) .....	2	.00
3	Add lines 1 and 2 .....	3	3900.00
4	Subtractions (from Schedule A or NR) .....	4	975.00
5	Wisconsin taxable income of fiduciary (subtract line 4 from line 3) .....	5	2925.00
6a	Gross tax (see instructions, page 4) .....	6a	880.00
6b	ESBT (see instructions, page 4) .....	6b	9800.00
7	Supplement to federal historic rehabilitation credit .....	7	.00
8	Certain nonrefundable credits from line 15 of Schedule CR .....	8	.00
9	Add credits on lines 7 and 8 .....	9	.00
10	Subtract line 9 from line 6a. If line 9 is larger than line 6a, fill in zero (0) .....	10	880.00
11	Alternative minimum tax. Enclose Schedule MT .....	11	.00
12	Add lines 10 and 11 .....	12	880.00
13	Other credits from Schedule CR, line 28 .....	13	.00
14	Net tax paid to another state. Enclose Schedule OS .... <input type="checkbox"/>	14	.00
15	Add credits on lines 13 and 14 .....	15	.00
16	Subtract line 15 from line 12. If line 15 is larger than line 12, enter zero (0) .....	16	880.00



**NO COMMAS; NO CENTS**

17	Enter amount from line 16	17	880.00
18	Wisconsin income tax withheld (see instructions)	18	.00
19	2013 estimated payments and amount applied from 2012 return	19	.00
20	Farmland preservation credit. a Schedule FC, line 18	20a	.00
	b Schedule FC-A, line 13	20b	.00
21	Other credits from Schedule CR, line 39	21	.00
22	AMENDED RETURN ONLY – amount paid with the original return	22	.00
23	Add lines 18 through 22	23	.00
24	AMENDED RETURN ONLY – refund from original return less amount applied to 2014 estimated tax	24	.00
25	Subtract line 24 from line 23	25	.00
26	If line 25 is larger than line 17, subtract line 17 from line 25	AMOUNT OVERPAID 26	.00
27	Amount of line 26 to be REFUNDED TO YOU	27	.00
28	Amount of line 26 to be applied to your 2014 ESTIMATED TAX	28	.00
29	If line 25 is less than line 17, subtract line 25 from line 17	BALANCE DUE 29	880.00
30	Underpayment interest. Exception code – See Schedule U Also include on line 29 (see instructions, page 7)	30	.00

10-9-13 DRAFT



**Paper clip copies of federal Form 1041 and schedules to this return.**

**Also paper clip copies of Wisconsin Schedules 2K-1, 2M, NR, and WD (Form 2) and other documents, if required. A request for a closing certificate for fiduciaries must be made on Schedule CC. See instructions.**

*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.*

_____ Your signature	_____ Date	_____ Daytime phone
		( )
_____ PERSON PREPARING RETURN (individual and firm) if other than the preceding signer Name	_____ Signature of preparer	_____ Date
		_____ Daytime phone
		( )

- Mail your return to: Wisconsin Department of Revenue
- *If making a payment or submitting Schedule CC to request a closing certificate*.....PO Box 8918, Madison WI 53708-8918
  - *All other trusts and estates*.....PO Box 8955, Madison WI 53708-8955

For Department Use Only	
C	



Name of estate or trust <b>TEST OAK TREE TRUST</b>	Decedent's social security number	Estate or trust federal EIN <b>40 0005426</b>
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**See the instructions for Schedule A of Form 2 for further information on these additions and subtractions.**

**Part I – Additions to Income Taxable to the Estate or Trust (Nondistributable Income)**

<u>1</u> Farm losses . . . . .	<u>1</u>	.00
<u>2</u> Farmland preservation credit . . . . .	<u>2</u>	.00
<u>3</u> Dairy and livestock farm investment credit . . . . .	<u>3</u>	.00
<u>4</u> Enterprise zone jobs credit . . . . .	<u>4</u>	.00
<u>5</u> Development zones credit . . . . .	<u>5</u>	.00
<u>6</u> Dairy manufacturing facility investment credit . . . . .	<u>6</u>	.00
<u>7</u> Dairy cooperatives credit . . . . .	<u>7</u>	.00
<u>8</u> Technology zones credit . . . . .	<u>8</u>	.00
<u>9</u> Film production company investment credit . . . . .	<u>9</u>	.00
<u>10</u> Film production services credit . . . . .	<u>10</u>	.00
<u>11</u> Manufacturing investment credit . . . . .	<u>11</u>	.00
<u>12</u> Ethanol and biodiesel fuel pump credit . . . . .	<u>12</u>	.00
<u>13</u> Economic development tax credit . . . . .	<u>13</u>	.00
<u>14</u> Meat processing facility investment credit . . . . .	<u>14</u>	.00
<u>15</u> Jobs tax credit . . . . .	<u>15</u>	.00
<u>16</u> Woody biomass harvesting and processing credit . . . . .	<u>16</u>	.00
<u>17</u> Food processing plant and food warehouse investment credit . . . . .	<u>17</u>	.00
<u>18</u> Postsecondary education credit . . . . .	<u>18</u>	.00
<u>19</u> Water consumption credit . . . . .	<u>19</u>	.00
<u>20</u> Farm asset owner credit . . . . .	<u>20</u>	.00
<u>21</u> Community rehabilitation program credit . . . . .	<u>21</u>	.00
<u>22</u> Biodiesel fuel production credit . . . . .	<u>22</u>	.00
<u>23</u> Electronic medical records credit . . . . .	<u>23</u>	.00
<u>24</u> Federal net operating loss carryover . . . . .	<u>24</u>	.00
<u>25</u> Passive foreign investment company . . . . .	<u>25</u>	.00
<u>26</u> Addition for certain expenses paid to related entities . . . . .	<u>26</u>	500 .00
<u>27</u> Lump-sum distribution . . . . .	<u>27</u>	.00
<u>28</u> Transitional adjustments . . . . .	<u>28</u>	.00
<u>29</u> Distributive share of pass-through entity adjustments . . . . .	<u>29</u>	.00
<u>30</u> Adjustment to ordinary gain or loss reported on federal Form 4797 . . . . .	<u>30</u>	.00
<u>31</u> Add lines 1 through 30. Resident estates and trusts fill in on line 5, COL. 2, of Schedule A of Form 2 . . . . .	<u>31</u>	500 .00

Part-year and nonresident estates and trusts must use the additions from Part I to complete Part I of Schedule NR



Name of estate or trust TEST OAK TREE TRUST	Decedent's social security number	Estate or trust federal EIN 40 0005426
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**Part II – Subtractions from Income Taxable to the Estate or Trust (Nondistributable Income)**

<b>32</b> Farm loss carryover . . . . .	<b>32</b>	.00
<b>33</b> Recoveries of federal itemized deductions . . . . .	<b>33</b>	.00
<b>34</b> Wisconsin net operating loss carryforward . . . . .	<b>34</b>	.00
<b>35</b> Retirement funds . . . . .	<b>35</b>	.00
<b>36</b> Amounts not taxable by Wisconsin . . . . .	<b>36</b>	.00
<b>37</b> Repayment of income previously taxed . . . . .	<b>37</b>	.00
<b>38</b> ATV corridors . . . . .	<b>38</b>	.00
<b>39</b> Subtraction for certain expenses paid to related entities . . . . .	<b>39</b>	500 .00
<b>40</b> Interest, rental payments, intangible expenses, and management fees, reported as income by a related entity . . . . .	<b>40</b>	.00
<b>41</b> Relocated business . . . . .	<b>41</b>	.00
<b>42</b> Job creation . . . . .	<b>42</b>	.00
<b>43</b> Transitional adjustments . . . . .	<b>43</b>	.00
<b>44</b> Distributive share of pass-through entity adjustments . . . . .	<b>44</b>	.00
<b>45</b> Adjustment to ordinary gain or loss reported on federal Form 4797 . . . . .	<b>45</b>	.00
<b>46</b> Add lines 32 through 46. Resident estates and trusts fill in on line 11, COL. 2, of Schedule A of Form 2 . . . . .	<b>46</b>	500 .00

Part-year and nonresident estate and trusts must use the subtractions from Part II to complete Part I of Schedule NR.



10-9-13 DRAFT

Schedule **NR**

**Computation of Wisconsin Taxable Income  
For Part-Year and Nonresident  
Estates and Trusts**

**2013**

Wisconsin  
Department of Revenue

Enclose with Wisconsin Form 2

ESTATES ONLY – Legal last name		First name	M.I.	Decedent's social security number
TRUSTS ONLY – Legal name				Estate's/Trust's federal EIN
TEST OAK TREE TRUST				40 0005426

<b>Part I</b>	<b>Computation of Wisconsin Taxable Income</b>	(a) Federal Amount	(b) Wisconsin Amount	(c) Non-Wisconsin
1	Interest income . . . . .			
2	Dividends . . . . .			
3	Business income or (loss) . . . . .			
4	Capital gain or (loss) (From Schedule WD) . . . . .			
5	Rents, royalties, partnerships, estates and trusts, etc. . . . .	4000	3000	1000
6	Farm income or (loss) . . . . .			
7	Ordinary gain or (loss) (Form 4797) . . . . .			
8	Other income (state nature) . . . . .		500	
9	Total income (add lines 1 through 8) . . . . .	4000	3500	1000
10	Interest expense . . . . .			
11	Taxes . . . . .		Not deductible for Wisconsin	
12	Fiduciary fees . . . . .			
13	Charitable deduction . . . . .			
14	Attorney, accountant, and return preparer fees . . . . .			
15	Other deductions not subject to 2% floor . . . . .		500	
16	Net operating loss deduction . . . . .			
17	Allowable itemized deductions subject to 2% floor . . . . .			
18	Total deductions (add lines 10 through 17) . . . . .		500	
19	Adjusted total income of fiduciary (subtract line 18 from line 9) . . . . .	4000	3000	1000
20	Income distribution deduction . . . . .			
21	Estate tax deduction . . . . .			
22	Exemption . . . . .	100	75	25
23	Total deductions (add lines 20 through 22) . . . . .	100	75	25
24	Taxable income of fiduciary (subtract line 23 from line 19) . . . . .	3900	2925	975
<b>Part II</b>	<b>Computation of Addition or Subtraction Modification</b>			
1	Federal income reported on line 1 of Form 2 . . . . .	3900		
2	Wisconsin taxable income (from line 24, column (b)) . . . . .	2925		
3	If line 1 is less than line 2, subtract line 1 from line 2. Fill in the result here and on line 2 of Form 2 . . . . .			
4	If line 1 is more than line 2, subtract line 2 from line 1. Fill in the result here and on line 4 of Form 2 . . . . .	975		

Form **1041** U.S. Income Tax Return for Estates and Trusts **2013**

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0092

Information about Form 1041 and its separate instructions is at [www.irs.gov/form1041](http://www.irs.gov/form1041).

**A** Check all that apply:

Decedent's estate  
 Simple trust  
 Complex trust  
 Qualified disability trust  
 ESBT (S portion only)  
 Grantor type trust  
 Bankruptcy estate—Ch. 7  
 Bankruptcy estate—Ch. 11  
 Pooled income fund

For calendar year 2013 or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_

Name of estate or trust (If a grantor type trust, see the instructions.)  
**Test Oak Tree Trust**

Name and title of fiduciary  
**Branch Tree Bank**

Number, street, and room or suite no. (If a P.O. box, see the instructions.)  
**2135 Rlmrock Rd**

City or town, state or province, country, and ZIP or foreign postal code  
**Madison, WI 53708**

**C** Employer identification number  
**40-0005426**

**D** Date entity created  
**03/01/2004**

**E** Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.  
 Described in sec. 4947(a)(1). Check here if not a private foundation . . .   
 Described in sec. 4947(a)(2)  
 Net operating loss carryback  
 Change in fiduciary's address

**F** Check applicable boxes:  
 Initial return     Final return     Amended return  
 Change in trust's name     Change in fiduciary     Change in fiduciary's name

**G** Check here if the estate or filing trust made a section 645 election . . .  Trust EIN

<b>Income</b>	<b>1</b> Interest income . . . . .	<b>1</b>	
	<b>2a</b> Total ordinary dividends . . . . .	<b>2a</b>	
	<b>b</b> Qualified dividends allocable to: <b>(1)</b> Beneficiaries <b>(2)</b> Estate or trust		
	<b>3</b> Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	<b>3</b>	
	<b>4</b> Capital gain or (loss). Attach Schedule D (Form 1041)	<b>4</b>	
	<b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	<b>5</b>	4000
	<b>6</b> Farm income or (loss). Attach Schedule F (Form 1040)	<b>6</b>	
	<b>7</b> Ordinary gain or (loss). Attach Form 4797	<b>7</b>	
	<b>8</b> Other income. List type and amount	<b>8</b>	
<b>9 Total income.</b> Combine lines 1, 2a, and 3 through 8	<b>9</b>	4000	
<b>Deductions</b>	<b>10</b> Interest. Check if Form 4952 is attached <input type="checkbox"/>	<b>10</b>	
	<b>11</b> Taxes . . . . .	<b>11</b>	
	<b>12</b> Fiduciary fees . . . . .	<b>12</b>	
	<b>13</b> Charitable deduction (from Schedule A, line 7)	<b>13</b>	
	<b>14</b> Attorney, accountant, and return preparer fees	<b>14</b>	
	<b>15a</b> Other deductions <b>not</b> subject to the 2% floor (attach schedule)	<b>15a</b>	
	<b>b</b> Net operating loss deduction (see instructions)	<b>15b</b>	
	<b>c</b> Allowable miscellaneous itemized deductions subject to the 2% floor	<b>15c</b>	
	<b>16</b> Add lines 10 through 15c	<b>16</b>	
	<b>17</b> Adjusted total income or (loss). Subtract line 16 from line 9	<b>17</b>	4000
	<b>18</b> Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	<b>18</b>	
<b>19</b> Estate tax deduction including certain generation-skipping taxes (attach computation)	<b>19</b>		
<b>20</b> Exemption . . . . .	<b>20</b>	100	
<b>21</b> Add lines 18 through 20	<b>21</b>	3900	
<b>Tax and Payments</b>	<b>22</b> Taxable income. Subtract line 21 from line 17. If a loss, see instructions	<b>22</b>	3900
	<b>23 Total tax</b> (from Schedule G, line 7)	<b>23</b>	
	<b>24 Payments:</b> a 2013 estimated tax payments and amount applied from 2012 return	<b>24a</b>	
	<b>b</b> Estimated tax payments allocated to beneficiaries (from Form 1041-T)	<b>24b</b>	
	<b>c</b> Subtract line 24b from line 24a	<b>24c</b>	
	<b>d</b> Tax paid with Form 7004 (see instructions)	<b>24d</b>	
	<b>e</b> Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	<b>24e</b>	
	Other payments: <b>f</b> Form 2439 _____; <b>g</b> Form 4136 _____; Total	<b>24h</b>	
	<b>25 Total payments.</b> Add lines 24c through 24e, and 24h	<b>25</b>	
<b>26</b> Estimated tax penalty (see instructions)	<b>26</b>		
<b>27 Tax due.</b> If line 25 is smaller than the total of lines 23 and 26, enter amount owed	<b>27</b>		
<b>28 Overpayment.</b> If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	<b>28</b>		
<b>29</b> Amount of line 28 to be: <b>a Credited to 2014 estimated tax</b> _____; <b>b Refunded</b> _____	<b>29</b>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary \_\_\_\_\_ Date \_\_\_\_\_ EIN of fiduciary if a financial institution \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_

Firm's address \_\_\_\_\_ Phone no. \_\_\_\_\_