

SCHEDULE

**CC**

Use  
**BLACK INK**

**Request for a Closing Certificate  
for Fiduciaries**

◆ Wisconsin Department of Revenue ◆

Do not attach to  
**Form 2**  
(see instructions)

ESTATES ONLY – Legal last name		First name	M.I.	Decedent's social security number
TRUSTS ONLY – Legal name				Estate's/Trust's federal EIN
Individual / firm the closing certificate should be mailed to		Attention or c/o		County of jurisdiction
Address				Probate case number
City	State	Zip code	Date of decedent's death (MM DD YYYY)	

**PART I Information Required When Requesting a Closing Certificate for Estates**

Complete 1 through 10 and sign on page 2.

- Does the decedent have a will?  Yes  No (If Yes, enclose a copy)
- Type of probate  Formal  Informal  Other \_\_\_\_\_
- Was a federal estate tax return (Form 706) filed?  Yes  No If Yes, date filed \_\_\_\_\_
- If the gross estate plus adjusted taxable gifts was more than \$675,000, was a Wisconsin estate tax return (Form W706) filed?  Yes  No If Yes, date filed \_\_\_\_\_
- If the decedent did not file tax returns prior to death, state the decedent's approximate income for the past 4 years:  
20\_\_ \$ \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_.
- Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?  Yes  No  
If Yes, explain: \_\_\_\_\_
- Is the gross income of the estate less than \$600?  Yes  No
- Will a final Form 2 be filed at a later date?  Yes  No
- Is a certificate required by the court?  Yes  No See instructions.
- Enter the totals of each of the assets listed below. (**NOTE** Where any line is left blank, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing Schedule CC.)

**NO COMMAS; NO CENTS**



**Probate Assets** Enclose a copy of the inventory.

- a. Real Estate ..... 10a. \_\_\_\_\_ .00
- b. Stocks and Bonds ..... 10b. \_\_\_\_\_ .00
- c. Mortgages, Notes, and Cash ..... 10c. \_\_\_\_\_ .00
- d. Insurance Payable to Estate ..... 10d. \_\_\_\_\_ .00
- e. Other Miscellaneous Property ..... 10e. \_\_\_\_\_ .00

**Nonprobate Assets**

- f. Jointly Owned Survivorship – Decedent's Share of Jointly Owned Property ..... 10f. \_\_\_\_\_ .00
- g. Decedent's Share of Survivorship Marital Property .. 10g. \_\_\_\_\_ .00
- h. Insurance Payable to Named Beneficiaries ..... 10h. \_\_\_\_\_ .00
- i. Transfers During Decedent's Life (gifts, etc.) ..... 10i. \_\_\_\_\_ .00
- j. Annuities and Employee Death Benefits ..... 10j. \_\_\_\_\_ .00
- k. Other Assets ..... 10k. \_\_\_\_\_ .00

**L. Wisconsin GROSS Estate** (add lines 10a through 10k) ..... 10L. \_\_\_\_\_ .00

**PART II Information Required When Requesting a Closing Certificate for Trusts**

Complete 1 through 9 and sign below.

1. Enclose 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:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5a. State reason for closing the trust \_\_\_\_\_  
 \_\_\_\_\_
- b. 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, enclose 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 14 of the Form 2 instructions
9. Enter the total fair market 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. **(NOTE** Where any line is left blank, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing Schedule CC.)
 

a. Real Estate . . . . .	9a. _____	.00
b. Stocks and Bonds . . . . .	9b. _____	.00
c. Mortgages, Notes, and Cash . . . . .	9c. _____	.00
d. Annuities and Life Insurance . . . . .	9d. _____	.00
e. Interest in Partnerships, LLCs, and S Corporations . . .	9e. _____	.00
f. Other Miscellaneous Property . . . . .	9f. _____	.00
g. <b>Total Assets</b> (add lines 9a through 9f) . . . . .	9g. _____	.00

*I, as fiduciary, declare under penalties of law that I have examined this schedule (including accompanying documents and statements) and to the best of my knowledge and belief it is true, correct, and complete.*

Your signature	Date	Daytime phone ( )
PERSON PREPARING FORM (Individual or firm) if other than the preceding signer Name	Date	Daytime phone ( )
Signature of preparer		

Mail to: Wisconsin Department of Revenue  
 PO Box 8918  
 Madison WI 53708-8918