

SCHEDULE

CC

Request for a Closing Certificate for Fiduciaries

2020

Use BLACK INK

Wisconsin Department of Revenue

DO NOT STAPLE

Form with fields: ESTATES ONLY - Decedent's last name, Decedent's first name, M.I., Decedent's social security number, TRUSTS ONLY - Legal name, Estate's/Trust's federal EIN, Individual or firm to whom the closing certificate should be mailed, Attention or c/o, County of jurisdiction (Name Only), 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 lines 1 through 11 and sign on page 2.

- 1. Is a certificate required by the court? ... Yes No See instructions.
2. Does the decedent have a will? ... Yes No (If Yes, enclose a copy)
3. Type of probate ... Formal Informal Other
4. If the decedent did not file tax returns for the 4 years prior to death, enter the year and the decedent's approximate income:
5. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? ... Yes No
6. Is the gross income of the estate less than \$600? ... Yes No
7. Will a final Form 2 be filed at a later date? ... Yes No
8. Was the decedent a resident of Wisconsin at the time of death? ... Yes No
9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? ... Yes No
10. Enter the totals of each of the assets listed below.



DO NOT ATTACH SCHEDULE CC TO FORM 2 (see instructions)

Probate Assets (Enclose a copy of the inventory)

NO COMMAS; NO CENTS

Table with 2 columns: Asset description and Amount. Rows include Real Estate, Stocks and Bonds, Mortgages, Notes, and Cash, Land Contracts and Installment Sales, Insurance Payable to Estate, Annuities and Employee Death Benefits Payable to Estate, Other Miscellaneous Property, Nonprobate Assets (Jointly Owned Survivorship, Decedent's Share of Survivorship Marital Property, Insurance Payable to Named Beneficiaries, Transfers During Decedent's Life, Other Assets), and Wisconsin GROSS Estate.

NOTE: Where any line from 10a through 10L is left blank, it will be deemed that NONE is the DECLARATION for that line by the person(s) signing Schedule CC.

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

Complete lines 1 through 10 and sign below.

1. Is a certificate required by the court?  Yes  No  
 If Yes, enclose a statement from the court verifying that a Closing Certificate is required to close a proceeding.  
 If No, **DO NOT** submit Schedule CC. The department only issues a Closing Certificate if a court requires it to close a proceeding.
2. Enclose a copy of the trust instrument with amendments (will/codicils).
3. a. Name(s) of grantor(s) \_\_\_\_\_  
 Social security number(s) \_\_\_\_\_  
 b. Name(s) of grantee(s) \_\_\_\_\_  
 Social security number(s) \_\_\_\_\_
4. On what date was the trust funded? \_\_\_\_\_
5. Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?  Yes  No If Yes, explain: \_\_\_\_\_
6. State reason for closing the trust. If death of beneficiary, provide name of beneficiary, social security number, last address, and date of death. \_\_\_\_\_
7. 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: \_\_\_\_\_
8. Has the trust filed fiduciary income tax returns with Wisconsin in any of the last four years?  Yes  No  
 If No, provide either a) copies of informal or formal annual accountings for the past four years, or b) annual schedules showing the trust's income and expenses for each of the past four years.
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 from 9a through 9f 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 . . . . .                                    | <b>9a</b> | .00        |
| b. Stocks and Bonds . . . . .                               | <b>9b</b> | .00        |
| c. Mortgages, Notes, and Cash . . . . .                     | <b>9c</b> | .00        |
| d. Annuities and Life Insurance . . . . .                   | <b>9d</b> | .00        |
| e. Interest in Partnerships, LLCs, and S Corporations . . . | <b>9e</b> | .00        |
| f. Other Miscellaneous Property . . . . .                   | <b>9f</b> | .00        |
| <b>g. Total Assets (add lines 9a through 9f)</b> . . . . .  | <b>9g</b> | <b>.00</b> |
10. Fiduciary fees paid or payable to the personal representative or trustee . . . . . **10** \_\_\_\_\_ .00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see instructions)?  **Yes** Complete the following.  **No**

|                   |                 |   |  |  |  |  |  |
|-------------------|-----------------|---|--|--|--|--|--|
| Designee's name ▶ | Phone no. ▶ ( ) | Personal identification number (PIN) ▶  |  |  |  |  |  |
|                   |                 | <table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |
|                   |                 |   |  |  |  |  |  |

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<br>( )      |
| Fiduciary's address                                      | City                  | State Zip code            |
| PERSON PREPARING FORM if other than the preceding signer | Signature of preparer | Date Daytime phone<br>( ) |

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