Schedule **CC**

Use BLACK INK

Request for a Closing Certificate for Fiduciaries

Wisconsin Department of Revenue

2021

DO NOT STAPLE

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.*
   If No, **DO NOT** submit Schedule CC. The department only issues a Closing Certificate if a court requires it to close a proceeding.
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:
   20___ $__________, 20___ $__________, 20___ $__________, 20___ $__________.
5. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? ☐ Yes ☐ No
   If Yes, explain: ____________
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.

Probate Assets *(Enclose a copy of the inventory)* — **NO COMMAS; NO CENTS**

a. Real Estate	10a	.00
b. Stocks and Bonds	10b	.00
c. Mortgages, Notes, and Cash	10c	.00
d. Land Contracts and Installment Sales	10d	.00
e. Insurance Payable to Estate	10e	.00
f. Annuities and Employee Death Benefits Payable to Estate	10f	.00
g. Other Miscellaneous Property	10g	.00
Nonprobate Assets		
h. Jointly Owned Survivorship – Decedent's share of property	10h	.00
i. Decedent's Share of Survivorship Marital Property	10i	.00
j. Insurance Payable to Named Beneficiaries	10j	.00
k. Transfers During Decedent's Life (gifts, etc.)	10k	.00
L. Other Assets	10L	.00
m. **Wisconsin GROSS Estate** *(add lines 10a through 10L)*	10m	.00

11. Fiduciary fees paid or payable to the personal representative or trustee .... 11 .00

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.

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

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	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. **Total Assets** *(add lines 9a through 9f)*	9g		.00
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) ▶

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

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