

Use **BLACK INK**

Wisconsin Department of Revenue

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.

- 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, include 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



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

10 Enter the totals of each of the assets listed below.

Probate Assets (Required: Include 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

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.

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

