Schedule

## Request for a Closing Certificate for Fiduciaries



Use BLACK INK	Wisconsin	Depar	tment of Revenue		4	
ESTATES ONLY – Decedent's las	st name	Deceden	t's first name	M.I.	Decedent'	s social security number
TRUSTS ONLY – Legal name	S ONLY – Legal name				Estate's/Trust's federal EIN	
Individual or firm to whom the close	sing certificate should be <b>mailed</b>	te should be <b>mailed</b> Attention or c/o			County of jurisdiction (Name Only)	
Address				Probate case number		
City		State	Zip code		Date of de	cedent's death (MM DD YYY)
PART I Information	Required When Reque	sting	a Closing Certifi	cate for Esta	tes	
Complete lines 1 through 1						
	d by the court?	Yes	, No (Se	e instructions)		
	chedule CC. The department			tificate if a cour	t requires	it to close a proceeding
<u>2</u> Does the decedent ha	ve a will?	Yes	No (If y	es, include a co	opy)	
	Formal Informal					
4 If the decedent did not	file tax returns for the 4 yea	ars prio	r to death, enter the	e year and the d	ecedent's	approximate income:
20 \$	, 20\$		_, 20\$		, 20	\$
	tacted by the IRS and/or W					
<u>6</u> Is the gross income of	the estate					
less than \$600?		Ye	s No			
7 Will a final Form 2 be f	iled at a later date?	Ye	s 🔄 No			
	8 Was the decedent a resident of Wisconsin at the time of death?					
<u>9</u> Did the decedent own partnership, S corpora	an interest in any tion, LLC, or LLP?	Ye	s 🔄 No			
<b>10</b> Enter the totals of each	n of the assets listed below.					
Probate Assets (Req	uired: Include a copy of the	e inven	tory) <u>NC</u>	COMMAS; NO	CENTS	
<u>a</u> Real Estate			<b>10a</b>		.00	
<b>b</b> Stocks and Bonds					.00	
<u>c</u> Mortgages, Notes	, and Cash				.00	
	d Installment Sales				.00	NOTE Where any line
	e to Estate				.00	
	olovee Death Renefits Pave				.00	10L is left blank
<b>f</b> Annuities and Emp	ployee Death Benefits Paya	able to	Estate <b>10f</b>		.00	10L is left blank it will be deemed that <b>NONE</b> is the
<ul><li><u>f</u> Annuities and Emp</li><li><u>g</u> Other Miscellaneo</li></ul>	oloyee Death Benefits Paya ous Property	able to	Estate <b>10f</b>		.00 .00	10L is left blank it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the
<ul> <li><u>f</u> Annuities and Emp</li> <li><u>g</u> Other Miscellaneo</li> <li>Nonprobate Assets</li> </ul>	bus Property	able to	Estate <b>10f</b> <b>10g</b>			10L is left blank it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the person(s) signing
<ul> <li>f Annuities and Emp</li> <li>g Other Miscellaneo</li> <li>Nonprobate Assets</li> <li>h Jointly Owned Sur</li> </ul>	ous Property	able to  are of p	Estate <b>10f</b> <b>10g</b> roperty <b>10h</b>		.00	10L is left blank, it will be deemed that NONE is the DECLARATION for that line by the
<ul> <li>f Annuities and Emp</li> <li>g Other Miscellaneo</li> <li>Nonprobate Assets</li> <li>h Jointly Owned Sur</li> <li>i Decedent's Share</li> </ul>	ous Property vivorship – Decedent's sha of Survivorship Marital Pro	able to  are of p operty .	Estate 10f 10g roperty 10h 10i		.00 .00 .00	10L is left blank it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the person(s) signing
<ul> <li>f Annuities and Emp</li> <li>g Other Miscellaneo</li> <li>Nonprobate Assets</li> <li>h Jointly Owned Sur</li> <li>i Decedent's Share</li> <li>j Insurance Payable</li> </ul>	ous Property vivorship – Decedent's sha of Survivorship Marital Pro to Named Beneficiaries .	able to  are of p operty . 	Estate 10f 10g roperty 10h 10j		.00 .00 .00	from 10a through 10L is left blank, it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the person(s) signing Schedule CC.
<ul> <li>f Annuities and Emp</li> <li>g Other Miscellaneo</li> <li>Nonprobate Assets</li> <li>h Jointly Owned Sur</li> <li>i Decedent's Share</li> <li>j Insurance Payable</li> <li>k Transfers During E</li> </ul>	ous Property vivorship – Decedent's sha of Survivorship Marital Pro to Named Beneficiaries . Decedent's Life (gifts, etc.)	able to are of p operty .	Estate 10f 10g roperty 10h 10j 10k		.00 .00 .00 .00	10L is left blank it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the person(s) signing
<ul> <li>f Annuities and Emp</li> <li>g Other Miscellaneo</li> <li>Nonprobate Assets</li> <li>h Jointly Owned Sur</li> <li>i Decedent's Share</li> <li>j Insurance Payable</li> <li>k Transfers During E</li> <li>L Other Assets</li> </ul>	ous Property vivorship – Decedent's sha of Survivorship Marital Pro to Named Beneficiaries .	able to	Estate 10f 10g roperty 10h 10i 10j 10k		.00 .00 .00 .00 .00	10L is left blank, it will be deemed that <b>NONE</b> is the <b>DECLARATION</b> for that line by the person(s) signing Schedule CC.

2023	Schedule CC						Pag
PA	ART II Information Req	uired When Requesting	a Closing C	ertificate for	<b>Frusts</b>		
Cor	mplete lines 1 through 10 and	d sign.					
<u>1</u>	Is a certificate required by the	ne court?				<b>1</b> Yes	s No
	•	rom the court verifying that a	•			•	•
	If no, <b>DO NOT</b> submit Sched	ule CC. The department only	issues a Closir	ng Certificate if a	court requ	ires it to clo	se a proceedir
2	Include a copy of the trust in	strument with amendments	(will/codicils).				
3	a Grantor(s) name(s)						
		ty number(s) (SSN)					
	b Grantee(s) name(s)	t					
	Grantee(s) Social Securi	ty number(s) (SSN)					
	On what date was the trust						
<u>5</u>	Was the trust contacted by t If yes, explain:	the IRS and/or Wis. Dept. of		-			; <u> </u>
6	State reason for closing the and date of death.		·				
7	Have you petitioned the cou					7 Yes	s No
	If yes, include a copy of the	petition. If no, explain why no	o petition has t	been filed:			
<u>8</u>	Has the trust filed fiduciary i	ncome tax returns with Wisc	consin in any o	f the last four ye	ars?	<b>8</b> Yes	s No
	If no, provide either a) copie and expenses for each of th	es of informal or formal annua e past four years.	al accountings	for the past four	years, or	showing the	e trust's incom
9		lue of each of the assets liste Where any line from 9a throu signing Schedule CC.)					
	<u>a</u> Real Estate		9a		.00		MAS; <u>NO</u> CENT
					.00		
	<u>c</u> Mortgages, Notes, and C	Cash	9c		.00		
		ince			.00		
	<u>e</u> Interest in Partnerships,	LLCs, and S Corporations .	9e		.00		
		perty			.00		
		9a through 9f)			9q		.(
<u>10</u>		ble to the personal represent					.(
Thi	Do you want to allow anoth	er person to discuss this schedule v	with the departme	nt (see instructions)?	Yes	Complete the	following.
Pa	rtv				Personal		
	Designee's signee name ►		Phone no. ▶ (	)	identification number (Pl		
	s fiduciary, declare under p rements) and to the best of m				iding acco	ompanying	documents a
				Date		Davtime r	hono

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 completed form to:

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

