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 mailed	te should be mailed 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			
10 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			10a		.00	
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
f Annuities and Emp	ployee Death Benefits Paya	able to	Estate 10f		.00	10L is left blank it will be deemed that NONE is the
<u>f</u> Annuities and Emp<u>g</u> Other Miscellaneo	oloyee Death Benefits Paya ous Property	able to	Estate 10f		.00 .00	10L is left blank it will be deemed that NONE is the DECLARATION for that line by the
 <u>f</u> Annuities and Emp <u>g</u> Other Miscellaneo Nonprobate Assets 	bus Property	able to	Estate 10f 10g			10L is left blank it will be deemed that NONE is the DECLARATION for that line by the person(s) signing
 f Annuities and Emp g Other Miscellaneo Nonprobate Assets h Jointly Owned Sur 	ous Property	able to are of p	Estate 10f 10g roperty 10h		.00	10L is left blank, it will be deemed that NONE is the DECLARATION for that line by the
 f Annuities and Emp g Other Miscellaneo Nonprobate Assets h Jointly Owned Sur i Decedent's Share 	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 NONE is the DECLARATION for that line by the person(s) signing
 f Annuities and Emp g Other Miscellaneo Nonprobate Assets h Jointly Owned Sur i Decedent's Share j Insurance Payable 	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 NONE is the DECLARATION for that line by the person(s) signing Schedule CC.
 f Annuities and Emp g Other Miscellaneo Nonprobate Assets h Jointly Owned Sur i Decedent's Share j Insurance Payable k Transfers During E 	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 NONE is the DECLARATION for that line by the person(s) signing
 f Annuities and Emp g Other Miscellaneo Nonprobate Assets h Jointly Owned Sur i Decedent's Share j Insurance Payable k Transfers During E L Other Assets 	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 NONE is the DECLARATION 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	Frusts		
Cor	mplete lines 1 through 10 and	d sign.					
<u>1</u>	Is a certificate required by the	ne court?				1 Yes	s No
	•	rom the court verifying that a	•			•	•
	If no, DO NOT 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?	8 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

