

## Request for a Closing Certificate for Fiduciaries

Attach to Wisconsin Form 2

PART I - Information Required When Requesting a Closing Certificate for Estates (Trusts see Part II on page 2)

Lega	l last name		First name and middle initial		Decedent's social security nu	mber Federal EIN			
1.	Did the	decedent have a will?	Yes No						
		probate	Formal Informa	al Ot	her				
		a copy of the inventory and wi	<del></del>	O۱	.1101				
		•			es No If Ves	date filed			
		Vas a federal estate tax return (Form 706) filed?							
5.	If the gross estate plus adjusted taxable gifts was more than \$675,000, was a Wisconsin estate tax return (Form W706) filed? Yes No If Yes, date filed								
6.	If the decedent did not file tax returns prior to death, state the decedent's approximate income for the past 4 years:						years:		
	20	\$	\$	, 20	\$	20 \$			
7.	Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?								
	If Yes, explain:								
8.	Attach a	a copy of the final account to t	he final Form 2.						
9.	Is a cer	tificate required by the court?	Yes	No Se	ee page 3 of the Form	2 instructions.			
10.	Enter the totals of each of the assets and deductions listed below. (NOTE Where any line is left blank and the appropriate								
	schedule for that line is not filed with this return, it will be deemed that NONE is the DECLARATION for that line by the								
	person(s) signing Form 2.)  Probate Assets								
				40-	.00				
		al Estate							
		ocks and Bonds							
		rtgages, Notes, and Cash							
		urance Payable to Estate							
		ner Miscellaneous Property .					<b>.</b> 00		
	Nonprobate Assets								
		ntly Owned Survivorship – De		100	.00				
		ntly Owned Property		-					
		urance Payable to Named Be							
		insfers During Decedent's Life							
	-	nuities and Employee Death E			-				
		ner Assets							
		tal of Nonprobate Assets (a				0m	.00		
		sconsin GROSS Estate (ad	0 0	,					
	Deduct	·	a ililes foi and foili).			1011.			
		neral Expenses		100	.00				
		ministration Expenses							
	•	•		-					
	-	bts of Decedent		-					
		rtgages and Liens				100	.00		
		tal Deductions (add lines 10d	,			10s	0.0		
	t. Wis	sconsin TAXABLE Estate (	subtract line 10s from	line 10n)		10t	<b>.</b> 00		

**NOTE** If an estate is not required to file Form 2 and needs a closing certificate, see page 3 of the Form 2 instructions.

Schedule CC Page 2

## PART II - Information Required When Requesting a Closing Certificate for Trusts

Leg	gal Name	Federal EIN						
	. Attach a copy of the trust instrument with amendments (will / codicils) and copies of annual c							
	Social security number(s)							
	b. Name(s) of grantee(s)							
	Social security number(s)							
3.	On what date was the trust funded?							
4.	as the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?   Yes No If Yes, explain:							
5a.	. State reason for closing the trust							
b.	f death of beneficiary, provide name of beneficiary, social security number, last address, and date of death.							
6.	Have you petitioned the court to close the trust?  Yes No If Yes, attach a copy of the petition. If No, explain why no petition has been filed							
7.	. Has the trust made an annual accounting to a court?  Yes No If No, ex	kplain						
8.	Is a certificate required by the court?	ge 3 of the Form 2 instructions						
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 is left blank and the appropriate schedule for that line is not filed with this return, it will be deemed that NONE is the DECLARATION for that line by the person(s) signing Form 2.)							
	a. Real Estate	.00						
	b. Stocks and Bonds	.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	.00						
	g. Total Assets (add lines 9a through 9f)	9g <b>.</b> 00						