SCHEDULE CC

Use BLACK INK

Request for a Closing Certificate for Fiduciaries

◆ Wisconsin Department of Revenue ◆

Do not attach to Form 2
(see instructions)

ESTATES ONLY – Legal last name	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
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 8 and sign on page 2. For deaths prior to 1/1/08, also complete lines 9 and 10.

1. Does the decedent have a will? ⌐ Yes ⌐ No (If Yes, enclose a copy)

2. Type of probate ⌐ Formal ⌐ Informal ⌐ Other _____

3. 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___ $_____.

4. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? ⌐ Yes ⌐ No

   If Yes, explain: _____

   _____

5. Is the gross income of the estate less than $600? ⌐ Yes ⌐ No

6. Will a final Form 2 be filed at a later date? ⌐ Yes ⌐ No

7. Is a certificate required by the court? ⌐ Yes ⌐ No See instructions.

8. Enter the totals of each of the assets listed below. (**NOTE** Where any line is left blank, it will be deemed that **NONE** is the **DECLARATION** for that line by the person(s) signing Schedule CC.)

Probate Assets Enclose a copy of the inventory.

NO COMMAS; NO CENTS

a. Real Estate	**8a** _____	.00
b. Stocks and Bonds	**8b** _____	.00
c. Mortgages, Notes, and Cash	**8c** _____	.00
d. Insurance Payable to Estate	**8d** _____	.00
e. Other Miscellaneous Property	**8e** _____	.00

Nonprobate Assets

f. Jointly Owned Survivorship – Decedent's Share of Jointly Owned Property	**8f** _____	.00
g. Decedent's Share of Survivorship Marital Property	**8g** _____	.00
h. Insurance Payable to Named Beneficiaries	**8h** _____	.00
i. Transfers During Decedent's Life (gifts, etc.)	**8i** _____	.00
j. Annuities and Employee Death Benefits	**8j** _____	.00
k. Other Assets	**8k** _____	.00
L. **Wisconsin GROSS Estate** (add lines 8a through 8k)	**8L** _____	.00

9. Was a federal estate tax return (Form 706) filed? ⌐ Yes ⌐ No If Yes, date filed _____

10. 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 _____

I-030i (R. 12-08)

PART II Information Required When Requesting a Closing Certificate for Trusts

Complete lines 1 through 9 and sign below.

1. Enclose a copy of the trust instrument with amendments (will/codicils) and copies of annual court accountings for past three years.

2. a. Name(s) of grantor(s) _____

      Social security number(s) _____

   b. Name(s) of grantee(s) _____

      Social security number(s) _____

3. On what date was the trust funded? _____

4. Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? ⌷ Yes ⌷ No If Yes, explain:

_____

_____

5. a. State reason for closing the trust _____

_____

   b. If 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, enclose 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, explain _____

_____

8. Is a certificate required by the court? ⌷ Yes ⌷ No See page 15 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, 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

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
		( )

PERSON PREPARING FORM (Individual or firm) if other than the preceding signer			
Name	Signature of preparer	Date	Daytime phone
			( )

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