

SCHEDULE

CC

Request for a Closing Certificate for Fiduciaries

2011

Use BLACK INK

Wisconsin Department of Revenue

DO NOT STAPLE

Form with fields: ESTATES ONLY - Legal last name, Legal 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 11 and sign on page 2.

- 1. Does the decedent have a will?
2. Type of probate
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:
4. Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years?
5. Is the gross income of the estate less than \$600?
6. Will a final Form 2 be filed at a later date?
7. Is a certificate required by the court?
8. Was the decedent a resident of Wisconsin at the time of death?
9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP?
10. Enter the totals of each of the assets listed below.



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

Probate Assets (Enclose a copy of the inventory)

NO COMMAS; NO CENTS

Table with columns for asset type (a-l), label (10a-10L), and amount. Includes rows for Real Estate, Stocks and Bonds, Mortgages, Notes, and Cash, Land Contracts and Installment Sales, Insurance Payable to Estate, Annuities and Employee Death Benefits Payable to Estate, Other Miscellaneous Property, Jointly Owned Survivorship - Decedent's Share of Jointly Owned Property, Decedent's Share of Survivorship Marital Property, Insurance Payable to Named Beneficiaries, Transfers During Decedent's Life (gifts, etc.), Other Assets, and Wisconsin GROSS Estate.

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

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 from 9a through 9f 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