

Schedule **CC**

**Request for a Closing Certificate
for Fiduciaries**

Use **BLACK INK**

Wisconsin Department of Revenue

DO NOT STAPLE

ESTATES ONLY – Decedent's last name		Decedent's 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 (Name Only)
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.

- 1** Is a certificate required by the court? Yes No (See instructions)
If no, **DO NOT** submit Schedule CC. The department only issues a Closing Certificate if a court requires it to close a proceeding.
- 2** Does the decedent have a will? Yes No (If yes, include a copy)
- 3** Type of probate Formal Informal Other _____
- 4** 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__ \$ _____.
- 5** Was the decedent contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? Yes No
If yes, explain: _____
- 6** Is the gross income of the estate less than \$600? Yes No
- 7** Will a final Form 2 be filed at a later date? Yes No
- 8** Was the decedent a resident of Wisconsin at the time of death? Yes No
- 9** Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? Yes No



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

10 Enter the totals of each of the assets listed below.

Probate Assets (Required: Include a copy of the inventory)		NO COMMAS; NO CENTS
a Real Estate	10a	.00
b Stocks and Bonds	10b	.00
c Mortgages, Notes, and Cash	10c	.00
d Land Contracts and Installment Sales	10d	.00
e Insurance Payable to Estate	10e	.00
f Annuities and Employee Death Benefits Payable to Estate . . .	10f	.00
g Other Miscellaneous Property	10g	.00
Nonprobate Assets		
h Jointly Owned Survivorship – Decedent's share of property . .	10h	.00
i Decedent's Share of Survivorship Marital Property	10i	.00
j Insurance Payable to Named Beneficiaries	10j	.00
k Transfers During Decedent's Life (gifts, etc.)	10k	.00
L Other Assets	10L	.00
m Wisconsin GROSS Estate (add lines 10a through 10L)	10m	.00

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 10 and sign.

- 1** Is a certificate required by the court? **1** Yes No
If yes, include a statement from the court verifying that a Closing Certificate is required to close a proceeding.
If no, **DO NOT** submit Schedule CC. The department only issues a Closing Certificate if a court requires it to close a proceeding.
- 2** Include a copy of the trust instrument with amendments (will/codicils).
- 3** a Grantor(s) name(s) _____
Grantor(s) Social Security number(s) (SSN) _____
b Grantee(s) name(s) _____
Grantee(s) Social Security number(s) (SSN) _____
- 4** On what date was the trust funded? **4**
M M D D Y Y Y Y
- 5** Was the trust contacted by the IRS and/or Wis. Dept. of Revenue in the last 3 years? **5** Yes No
If yes, explain: _____
- 6** State reason for closing the trust. If death of beneficiary, provide name of beneficiary, social security number, last address, and date of death. _____
- 7** Have you petitioned the court to close the trust? **7** Yes No
If yes, include a copy of the petition. If no, explain why no petition has been filed: _____
- 8** Has the trust filed fiduciary income tax returns with Wisconsin in any of the last four years? **8** Yes No
If no, provide either a) copies of informal or formal annual accountings for the past four years, or showing the trust's income and expenses for each of the past four years.
- 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	NO COMMAS; NO CENTS
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	
- 10** Fiduciary fees paid or payable to the personal representative or trustee **10** _____ .00

Third Party Designee Do you want to allow another person to discuss this schedule with the department (see instructions)? Yes Complete the following. No

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶						
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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 ()
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

