

Use BLACK INK

Wisconsin Department of Revenue

DO NOT STAPLE

Form with fields for decedent information (ESTATES ONLY), trustee information (TRUSTS ONLY), and address details.

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...
4. Was the decedent contacted by the IRS...
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)

Table with columns for asset type (Probate Assets, Nonprobate Assets) and value. Includes rows for Real Estate, Stocks and Bonds, Mortgages, etc., and a total for 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 11000.00

**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 . . . . .	<b>9a</b>	.00
b. Stocks and Bonds . . . . .	<b>9b</b>	.00
c. Mortgages, Notes, and Cash . . . . .	<b>9c</b>	.00
d. Annuities and Life Insurance . . . . .	<b>9d</b>	.00
e. Interest in Partnerships, LLCs, and S Corporations. . . . .	<b>9e</b>	.00
f. Other Miscellaneous Property . . . . .	<b>9f</b>	.00
g. <b>Total Assets</b> (add lines 9a through 9f) . . . . .		<b>9g</b> _____ .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  
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