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

Use BLACK INK

Request for a Closing Certificate for Fiduciaries

Wisconsin Department of Revenue •

2012

	TATES ONLY – Legal last name						
TRU	RUSTS ONLY – Legal name					Estate's/Trust's federal EIN	
Indi	ividual or firm to whom the closing certificate should be mailed	should be mailed Attention or c/o			County of jurisdiction		
Add	ddress					Probate case number	
City		State	Zip code			Date of de	cedent's death (MM DD YYYY)
P	ART I Information Required When Reques	sting a (Closing Cer	tificate for	Estates	5	
Cor	mplete lines 1 through 11 and sign on page 2.						
1.	Does the decedent have a will? Yes	No	(If Yes, end	close a copy)			
2.	Type of probate Formal Informal	Othe	r				
3.	If the decedent did not file tax returns for the 4 years	ears prior	to death, ent	ter the year a	nd the d	ecedent's	approximate income:
	20		_, 20	\$		20	_ \$
4.	Was the decedent contacted by the IRS and/or Was (1997) If Yes, explain:	-		-	ears?	Yes	No
5.	Is the gross income of the estate						
	less than \$600?						
	\\\!\\ - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Voc	NI-				
	Will a final Form 2 be filed at a later date?						
7.	Is a certificate required by the court?			See instruc	tions.		
7.	Is a certificate required by the court? Was the decedent a resident of Wisconsin	Yes	No	See instruc	tions.		
7. 8.	Is a certificate required by the court?	∟ Yes	∟ No ∟ No	See instruc	tions.		
7. 8. 9.	Is a certificate required by the court?	_ Yes _ Yes _ Yes	∟ No ∟ No	See instruc	tions.		
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes	∟ No ∟ No			ENTS	
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes /.	No No No	NO COMM		EENTS	
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes	No No No No	<u>NO</u> СОММ <i>Л</i>			
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes	No No No 100	NO COMMA		.00	
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes y)	No No No 100 100	NO COMM/	4S; <u>NO</u> (.00	NOTE
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes /. y)	No No No No 100 100 100	NO COMMA	4S; <u>NO</u> (.00	NOTE Where any line
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes //. /// Yes	No No No 100 100 100 100 100	NO COMMA a b c d e	AS; <u>NO</u> (.00	Where any line
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A A A A A A A A A A A A	No No No No 100	NO COMM/ a b c d e f	4S; <u>NO</u> (.00 .00 .00 .00	Where any line from 10a through 10L is left blank, it will be deemed
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A A A A A A A A A A A A	No No No No 100	NO COMM/ a b c d e f	4S; <u>NO</u> (.00	Where any line from 10a through 10L is left blank, it will be deemed that NONE is the DECLARATION
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A Yes	No No No No 100 100 100 100 100 100 100 100	NO COMM/	4S; <u>NO</u> (.00 .00 .00 .00	Where any line from 10a through 10L is left blank, it will be deemed that NONE is the DECLARATION for that line by the
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A Yes	No No No No 100	NO COMMA a b c d e f g	AS; <u>NO</u> C	.00 .00 .00 .00 .00	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
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A Yes	No No No No 100	NO COMM/ a b c d e f g	AS; NO C	.00 .00 .00 .00 .00	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
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A Yes	No No No No No 100	NO COMM/ a b c d f g h i	AS; NO C	.00 .00 .00 .00 .00 .00	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
7. 8. 9.	Is a certificate required by the court?	Yes Yes Yes Yes A Yes	No No No No 100	NO COMMA a b c d e f g h i i k	AS; NO C	.00 .00 .00 .00 .00 .00	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

2012 Schedule CC Page 2

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 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 ___ Yes 7. Has the trust made an annual accounting to a court? ___ No If No, explain 8. Is a certificate required by the court? ___ Yes See page 15 of the Form 2 instructions ___ No 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.) .00 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 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

Signature of preparer

Date

Daytime phone

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Mail to: Wisconsin Department of Revenue PO Box 8918

Name

Madison WI 53708-8918