

Notice Concerning Fiduciary Relationship

(Internal Revenue Code sections 6036 and 6903)

Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
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Address of person for whom you are acting (number, street, and room or suite no.)

City or town, state, and ZIP code (If a foreign address, see instructions.)

Fiduciary's name

Address of fiduciary (number, street, and room or suite no.)

City or town, state, and ZIP code	Telephone number (optional) ()
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Section A. Authority

- 1** Authority for fiduciary relationship. Check applicable box:
- a** Court appointment of testate estate (valid will exists)
 - b** Court appointment of intestate estate (no valid will exists)
 - c** Court appointment as guardian or conservator
 - d** Valid trust instrument and amendments
 - e** Bankruptcy or assignment for the benefit of creditors
 - f** Other. Describe ►
- 2a** If box 1a or 1b is checked, enter the date of death ►
- 2b** If box 1c—1f is checked, enter the date of appointment, taking office, or assignment or transfer of assets ►

Section B. Nature of Liability and Tax Notices

- 3** Type of taxes (check all that apply): Income Gift Estate Generation-skipping transfer Employment
 Excise Other (describe) ►
- 4** Federal tax form number (check all that apply): **a** 706 series **b** 709 **c** 940 **d** 941, 943, 944
e 1040, 1040-A, or 1040-EZ **f** 1041 **g** 1120 **h** Other (list) ►
- 5** If your authority as a fiduciary does not cover all years or tax periods, check here ►
 and list the specific years or periods ►
- 6** If the fiduciary listed wants a copy of notices or other written communications (see the instructions) check this box ►
 and enter the year(s) or period(s) for the corresponding line 4 item checked. If more than 1 form entered on line 4h, enter the form number.

Complete only if the line 6 box is checked.

If this item is checked:	Enter year(s) or period(s)	If this item is checked:	Enter year(s) or period(s)
4a		4b	
4c		4d	
4e		4f	
4g		4h:	
4h:		4h:	

Part II Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)		Date proceeding initiated	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time	<input type="checkbox"/> a.m. Place of other proceedings <input type="checkbox"/> p.m.

Part III Signature

Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.						
▶	<table style="width:100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width:50%;"></td> <td style="border-bottom: 1px solid black; width:30%;"></td> <td style="border-bottom: 1px solid black; width:20%;"></td> </tr> <tr> <td style="font-size: small;">Fiduciary's signature</td> <td style="font-size: small;">Title, if applicable</td> <td style="font-size: small;">Date</td> </tr> </table>				Fiduciary's signature	Title, if applicable	Date
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