## Form **56**(Rev. November 2017) Department of the Treasury Internal Revenue Service

## **Notice Concerning Fiduciary Relationship**

► Go to www.irs.gov/Form56 for instructions and the latest information.

(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

Form **56** (Rev. 11-2017)

Cat. No. 16375I

Part	Identification				
Name o	person for whom you are acting (as shown on the tax return)	Identifying numb	Dec Dec	cedent's social security no.	
Address	of person for whom you are acting (number, street, and room or suite no.)	1	l		
City or t	own, state, and ZIP code (If a foreign address, see instructions.)				
Fiduciar	y's name				
Address	of fiduciary (number, street, and room or suite no.)				
City or t	own, state, and ZIP code		Telephone numbe	er (optional)	
Secti	on A. Authority				
1 a b c d e f 2a b	Authority for fiduciary relationship. Check applicable box:  ☐ Court appointment of testate estate (valid will exists)  ☐ Court appointment of intestate estate (no valid will exists)  ☐ Court appointment as guardian or conservator  ☐ Valid trust instrument and amendments  ☐ Bankruptcy or assignment for the benefit or creditors  ☐ Other. Describe ►  If box 1a or 1b is checked, enter the date of death ►  If box 1c—1f is checked, enter the date of appointment, taking office, or assignment in the date of appointment.				
Secti	on B. Nature of Liability and Tax Notices				
3	Type of taxes (check all that apply): ☐ Income ☐ Gift ☐ Estate ☐ Excise ☐ Other (describe) ▶			· ·	
4	Federal tax form number (check all that apply): <b>a</b> ☐ 706 series <b>b</b> ☐ 709 <b>c</b> ☐ 940 <b>d</b> ☐ 941, 943, 944 <b>e</b> ☐ 1040, 1040-A, or 1040-EZ <b>f</b> ☐ 1041 <b>g</b> ☐ 1120 <b>h</b> ☐ Other (list) ▶				
5	If your authority as a fiduciary does not cover all years or tax periods, check hand list the specific years or periods ▶				

For Paperwork Reduction Act and Privacy Act Notice, see separate instructions.

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Part	Revocation or Termination of Notice					
	Section A—Total Rev	vocation or Termina	ation	_		
6 a	Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship  Reason for termination of fiduciary relationship. Check applicable box:					
b						
C	Other. Describe	•				
	Section B—Partial Revocation					
7a	a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ▶ □					
b	Specify to whom granted, date, and address, including ZIF	code.	,			
	Section C—Su	bstitute Fiduciary		—		
8	Check this box if a new fiduciary or fiduciaries have been	or will be substituted		—		
	specify the name(s) and address(es), including ZIP code(s).  •			□ 		
Part	Court and Administrative Proceedings			_		
Name of court (if other than a court proceeding, identify the type of proceeding and name		name of agency)	Date proceeding initiated			
Address	s of court		Docket number of proceeding			
City or t	own, state, and ZIP code	Date	Time a.m. Place of other proceeding p.m.	gs		
Part	IV Signature					
Pleas	I certify that I have the authority to execute this notice concerning fiduci	ary relationship on behalf of	f the taxpayer.			
Sign						
Here						
	Fiduciary's signature	Title, if applicable	Date			

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