Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

IL-56 Notice of Fiduciary Relationship

Step 1: Identify the fiduciary and taxpayer

Fiduciary information

Name of fiduciary

Mailing address

City State ZIP

( ) Phone

Email address

Taxpayer information *(Required)*

Name of individual, estate, or trust

Mailing address

City State ZIP

Taxpayer's identification number (SSN or FEIN)

If an estate, enter the decedent's date of death ____/____/____ Month Day Year

Step 2: Describe the satisfactory evidence of authority

Describe what you have attached as satisfactory evidence of authority to act in a fiduciary capacity.

Step 3: List the nature and extent of liabilities

Enter all applicable years for which you are acting as a fiduciary. Enter the type of tax (*e.g.*, income tax or retailers' occupation tax), whether or not additional tax or a refund is due, and whether or not a return or payment is required.

Step 4: Complete this step when you terminate a prior fiduciary relationship

Name of prior fiduciary

Mailing address

City State ZIP

Date of termination: ____/____/____ Month Day Year

( ) Phone

Email address

Step 5: Sign below

I have examined this notice and, to the best of my knowledge, it is true, correct, and complete.

Signature of fiduciary

Title (*e.g.*, guardian, trustee, or executor)

Month Day Year

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

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