

# 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)
<b>4a</b>		<b>4b</b>	
<b>4c</b>		<b>4d</b>	
<b>4e</b>		<b>4f</b>	
<b>4g</b>		<b>4h:</b>	
<b>4h:</b>		<b>4h:</b>	

**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. <input type="checkbox"/> p.m.	Place of other proceedings

**Part III Signature**

<b>Please Sign Here</b>	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
	Fiduciary's signature	Title, if applicable	Date