Form **56**
(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

Notice Concerning Fiduciary Relationship

▶ **Information about Form 56 and its separate instructions is at *www.irs.gov/form56*.**
(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	**Decedent's social security no.**

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) ( )

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 or creditors
- **f** ☐ Other. Describe ▶ _____

2a If box 1a or 1b is checked, enter the date of death ▶ _____

b 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 has a CAF number and wants a copy of notices and correspondence **(see the instructions)** check this box . ▶ ☐ and enter the year(s) or period(s) for the corresponding line 4 item checked. If more than one 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 Revocation or Termination of Notice

Section A—Total Revocation or Termination

7 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:

a ☐ Court order revoking fiduciary authority

b ☐ Certificate of dissolution or termination of a business entity

c ☐ Other. Describe ▶ _____

Section B—Partial Revocation

8a 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 ZIP code.

▶ _____

Section C—Substitute Fiduciary

9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) . . . . . ▶ ☐

▶ _____

Part III 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 ☐ a.m. ☐ p.m.	Place of other proceedings

Part IV Signature

Please Sign Here

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