

The Identifying Number is the number that begins with a capital letter on the back of your Social Security card. This number should be in red ink. Replace the letter with 0 plus the 8 additional numbers to make 9 Numbers. This is your account number.

Notice Concerning Fiduciary Relationship

(Internal Revenue Code Sections 6036 and 6903)

OMB No. 1545-0013

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

Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
FIRST MIDDLE LAST - VESSEL	numbers back/ss card	000-00-0000

Address of person for whom you are acting (number, street, and room or suite no.)

STRAWMAN ADDRESS IN ALL CAPS

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

ALL CAPS CITY, ALL CAPS ABBRIVIATED STATE, ZIP CODE

Fiduciary's name

First Middle Last - Executor

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

c/o rural route: Address

City or town, state, and ZIP code

Telephone number (optional)

City, State spelled out, zip exempt

()

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 Fiduciary of intestate estate
- e Valid trust instrument and amendments
- f Bankruptcy or assignment for the benefit of creditors
- g Other. Describe ▶ [Genesis 1:26-28; Genesis 2:7; Job 32:21&22](#)

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

b If box 1c, 1e, 1f, or 1g is checked, enter the date of appointment, taking office, or assignment or transfer of assets ▶ Date of Birth _____

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) ▶ [Tariffs and sales taxes](#)

4 Federal tax form number (check all that apply): a 706 series b 709 c 940 d 941, 943, 944 e 1040 or 1040-SR f 1041 g 1120 h Other (list) ▶ [Any or none that apply](#)

5 If your authority as a fiduciary does not cover all years or tax periods, check here ▶ and list the specific years or periods ▶ _____

My **VESSEL**, (print your ALL CAPS birth name here), was created on (Print the date your birth certificate was recorded here). I have since changed my name to (Print in current Full Name in Upper/Lower here), hence the different names between **VESSEL** and Executor on this form.

Part II Revocation or Termination of Notice

Section A—Total Revocation or Termination

- 6** 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 **▶ Tax exempt foreign estate or trust 26 USC 7701 (a) (31)**

Section B—Partial Revocation

- 7a** 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

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

Part IV Signature

Please Sign Here	Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Autograph in upper/ lower cursive and in purple ink	Executor, is to be printed in purple ink	
	▶ _____ Fiduciary's signature	_____ Title, if applicable	_____ Date