Form **56**
(Rev. July 2004)
Department of the Treasury
Internal Revenue Service

Notice Concerning Fiduciary Relationship

(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.
FIRST MIDDLE LAST	SSNWITHDASHES	

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

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

Fiduciary's name
CHARLES P. RETTIG, d/b/a OFFICE OF THE COMMISSIONER, INTERNAL REVENUE SERVICE

Address of fiduciary (number, street, and room or suite no.)
1111 CONSTITUTION AVE NW

City or town, state, and ZIP code	Telephone number (optional)
WASHINGTON, DC 20224	( )

Part II Authority

1 Authority for fiduciary relationship. Check applicable box:

a(1) ☐ Will and codicils or court order appointing fiduciary . . . . . (2) Date of death .....

b(1) ☐ Court order appointing fiduciary . . . . . (2) Date (see instructions) .....

c ☐ Valid trust instrument and amendments

d ☑ Other. Describe ▶ Appointment of Fiduciary DEBTOR and Creditor .....

Part III Nature of Liability and Tax Notices

2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ▶ .....

3 Federal tax form number (706, 1040, 1041, 1120, etc.) ▶ .....

4 Year(s) or period(s) (if estate tax, date of death) ▶ .....

5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here . . . . . ▶ ☐

6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ▶ ☐ and list the applicable Federal tax form number and the year(s) or period(s) applicable .....

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Part IV 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 V 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 VI 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