

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. |
|---|--------------------|--------------------------------|

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 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) |
|--------------------------|----------------------------|--------------------------|----------------------------|
| 4a | | 4b | |
| 4c | | 4d | |
| 4e | | 4f | |
| 4g | | 4h: | |
| 4h: | | 4h: | |

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

| | | | | |
|-------------------------|---|----------------------|-------|-------|
| 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 | |