Internet Betweene Service         Dot to WWARP.gov/PMINO for instructions and the factor. Information.           Part L         Identification           Name of centrol for whom you are acting (as thorn on the fax refurn)         Identifying number.         Decederal's social security no.           NAMe         Address of person for whom you are acting (as thorn or sule no.)         1234         YOUR         ADDRESS         ST.         N/A           Address of person for whom you are acting (number, sheet, and room or sule no.)         1234         POST         OFFICE         ADDRESS           City or twom, state, and 2P code (far foreign address, stell enders)         Call of the foreign address of the foreign address of the social security no.         N/A           Address of factory (number, stell, and room or sule no.)         Call of the foreign address of the social security no.         N/A           Address of factory (number, stell, and room or sule no.)         Call of the foreign address of the social security no.         N/A           Address of factory (number, stell, and room or sule no.)         Call of the foreign address of the social security no.         N/A           Address of factory (number, stell, and room or sule no.)         Call of the foreign address of the social security no.         N/A           Address of factory (number or sule no.)         Call of the foreign address of the social security no.         N/A           Address of factory (numore sule	Form <b>56</b> (Rev. November 2022) Department of the Treasury		(In	ternal Revenue Code Sections 603	ncerning Fiduciary Relationship al Revenue Code Sections 6036 and 6903)		
Name of bonch or whom you are ading (to thow in the tar rulum)       Interfying number       Description       N/A         Address of person for whom you are ading (to thow it wet, and come raule no.)       ISSN-XX-XXXX       N/A         Address of person for whom you are ading (to thow it wet, and come raule no.)       ISSN-XX-XXXX       N/A         City or town: state, and ZP code (if a bragen address, ster mittactions)       CITY / TONN, ST 12245       Filterion (town)         Filterion (town)       SCREETARY OF THE U.S. TREASURY       Address of file.       CITY / TONN, ST 12245         Filterion (town)       SCREETARY OF THE U.S. TREASURY       Address of file.       CITY / TONN, ST 12245         Filterion (town)       SCREETARY OF THE U.S. TREASURY       Address of file.       CITY / TONN, ST 12245         Section A. Authority       Teleptone number (optional)       (town)       Screetary (town)       Screetary (town)         I Authority for fiduciary interest estate (valid will exists)       C Court appointment of the based address (town)       (town)       Screetary (town)       Screetary (town)         2 Fibro (tabuty)       Screetary (town)       Screetary (town)       Screetary (town)       Screetary (town)         3 Type of taxes (check, after the holds of dashts)       C Creditor       Screetary (town)       Screetary (town)       Screetary (town)         3 Type of taxes (check all that		y	Go to www.ir	s.gov/Form56 for instructions and	the latest information.		
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and list the specific years or periods within your authority: Nunc Pro Tunc from [BIRTH YEAR] and to continue until further notice For Paperwork Reduction Act and Privacy Act Notice, see separate instructions. Cat. No. 163751 Form <b>56</b> (Rev. 11-2022) SEND TO THE I.R.S. AT THE APPROPRIATE ADDRESS BELOW: Where To File For all estates and trusts, including charitable and split-interest trusts (other than CRTs). CERTIFIED MAIL Manual Markawa Mayang Markawa Mayang Markawa Markawa Mayang Markawa			and a second second				
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For all estates and trusts, including charitable and split-interest trusts (other than CRTs).         THEN use this address if you         CERTIFIED       IF you are located in       Are not enclosing a check or money order:       Are enclosing a check or money order:       Are enclosing a check or money order:       Commedicut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, New       Department of the Treasury       Department of the Treasury       Internal Revenue Service       Carolia, Olio, Ponnsylvania, New       Massachusets, Micrigian, New       Department of the Treasury       Internal Revenue Service       Kansas City, MO 64999-0148       CERTIFIED       MAII         Alabama, Alaska, Arizona, Arkanasa, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kanasa, Louisana, Minnesota, Mississiph, Missouri, Montran, Nebraska, NevYada, New       Department of the Treasury       Department of the Treasury       Department of the Treasury       Internal Revenue Service       Ogden, UT 84201-0148       Certification       Certification<	SE	SND	TO THE L.F	C.S. AT THE APPRO	OPRIATE ADDRESS E	BELOW:	
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P.O. Box 409101 P.O. Box 409101 Ogden, UT 84409 Ogden, UT 84409			544 95 35	P.O. Box 409101	P.O. Box 409101		
ALSO SEND A COPY TO THE SECRETARY OF THE TREASURY AT:			on to administration of the second second	No. 2010 March Dopunderston d. An Annual Amaron and			

LSO SEND A TO THE SECRETARY OF THE TREASURY AT: COPI SECRETARY OF THE TREASURY 1500 PENNSYLVANIA AVE, NW WASHINGTON, DC 20220

F	Revocation or Termination of Notice Section A-Total Revoc Check this box if you are revoking or terminating all prior not Revenue Service for the same tax matters and years or periods	tices concerning fidu	A TA ANTA MOTO MARKA LANCE MARKA IN
F	Check this box if you are revoking or terminating all prior not	tices concerning fidu	A TA ANTA MOTO MARKA LANCE MARKA IN
F			ciary relationships on file with the Internal
	Reason for termination of fiduciary relationship. Check applica	and the second second states and the second s	
b	Certificate of dissolution or termination of a business entity	V	
	X Other. Describe: Correcting all reco		
-	Section B-Parti	ial Revocation	
f	Check this box if you are revoking earlier notices concerning t for the same tax matters and years or periods covered by this	s notice concerning f	
b \$	Specify to whom granted, date, and address, including ZIP co	ode.	
7 <u>-</u>	Section C-Subs	titute Fiduciary	
	Check this box if a new fiduciary or fiduciaries have been or v specify the name(s) and address(es), including ZIP code(s), of		
Part II			
	court (if other than a court proceeding, identify the type of proceeding and nam VITAL STATISTICS OFFICE - YOUR B	ie of agency) IRTH STATE	Date proceeding initiated DATE OF RECORD ON BIRTH CERTIFICATE
Address c 1	of court L234 VITAL STATISTICS ADDRESS*		Docket number of proceeding BIRTH CERT, NUMBER
	wn, state, and ZIP code CITY / TOWN, ST 12345	Date N/A	Time     a.m.       N/A     p.m.
Part IV	V Signature		
Please	Under penalties of perjury, I declare that I have examined this doc knowledge and belief, it is true, correct, and complete.		na sense da na 1000 milijanja Aleka na posta stano da se stano da se stano na se stano na na sense da se stano
Sign Here	LEAVE BLANK	Secreta the Tre	
	Fiduciary's signature	Title, if applicable	Date
	SEE ATTACHMENT.		Form <b>56</b> (Rev. 11-2022

WHERE YOUR ORIGINAL BIRTH CERTIFICATE IS LOCATED.

THIS IS IN YOUR BIRTH STATE.

\*\*NATURALIZED CITIZENS WHO WERE NOT BORN IN THE UNITED STATES OF AMERICA SHALL REFER TO THEIR NATURALIZATION CERTIFICATE AND THE BUREAU / OFFICE THAT ISSUED IT. SUBSTITUTE THE ABOVE INFORMATION ON THIS BASIS.