

## Part II Revocation or Termination of Notice <br> 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:
aCourt order revoking fiduciary authority
b
cCertificate of dissolution or termination of a business entity
X Other. Describe: Correcting all records on file

## 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)

| 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 <br> DATE OF RECORD <br> ON BIRTH CERTIFICATE |  |  |  |  |
| VITAL | STATISTICS |  | OFFICE - |  | YOUR | BIRTH | STATE |  |  |  |  |  |
| $\overline{\text { Address of court }}$ | VITAL | STATISTICS |  | ADDRESS* |  |  |  | Docket number of proceeding |  |  |  |  |
| 1234 |  |  |  | BIRT |  |  |  |  | RT . | NUMBER |
| City or town, state, a | and ZIP code |  |  |  |  |  |  |  |  | Date | Time |  |  | Place | f other proceedings |
| CITY / | TOWN, | ST | 12345 |  |  |  | N/A | N/A |  |  |  |  |

## Part IV Signature

Please

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.


| *YOU NEED TO LOCATE THE NAME OF THE OFFICE |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AND THE ADDRESS FOR VITAL STATISTICS / VITAL RECORDS |  |
| 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.

