## 56 orm

(Rev. November 2022)
Department of the Treasury
Internal Revenue Service

## **Notice Concerning Fiduciary Relationship**

(Internal Revenue Code Sections 6036 and 6903)

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

OMB No. 1545-0013

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ALSO SEND A COPY TO THE SECRETARY OF THE TREASURY AT:

SECRETARY OF THE TREASURY

1500 PENNSYLVANIA AVE. NW

WASHINGTON, DC 20220

Form 56 (Rev. 11-2022)

Part	Revocation or Termination of Notice				
	Section A-Total Rev	ocation or Termination	on		
6 a b c	Check this box if you are revoking or terminating all prior or Revenue Service for the same tax matters and years or period Reason for termination of fiduciary relationship. Check application or court order revoking fiduciary authority  Certificate of dissolution or termination of a business en Other. Describe: Correcting all recommendations.	ods covered by this noti licable box: tity	ce concerning fide		
\$	Section B-Pa	artial Revocation			
7a	Check this box if you are revoking earlier notices concerning				
	for the same tax matters and years or periods covered by the	26.7	duciary relationsh	ıip	
b	Specify to whom granted, date, and address, including ZIP	code.			
0					
	Section C—Sul	bstitute Fiduciary			
Part	specify the name(s) and address(es), including ZIP code(s),  Court and Administrative Proceedings **	of the new fiduciary(ies	)		
	f court (if other than a court proceeding, identify the type of proceeding and n	ame of agency)	Date proceeding init		
		BIRTH STATE	DATI ON BI		
Address	of court		roceeding		
	1234 VITAL STATISTICS ADDRESS*		BIRTH	CERT. NUMBER	
City or t	own, state, and ZIP code	Date	Time	a.m. Place of other proceedings	
	CITY / TOWN, ST 12345	N/A	N/A	p.m.	
Part	V Signature		•		
Diago	Under penalties of perjury, I declare that I have examined this a knowledge and belief, it is true, correct, and complete.	document, including any a	ccompanying state	ments, and to the best of my	
Pleas Sign Here	LEAVE BLANK	Secreta the Tre		BLANK	
	Fiduciary's signature	Title, if applicable	Date		

SEE ATTACHMENT.

Form **56** (Rev. 11-2022)

\*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.