

Notice Concerning Fiduciary Relationship

OMB No. 1545-0013

(Internal Revenue Code sections 6036 and 6903)

Part I Identification

Name of person for whom you are acting (as shown on the tax return) FIRST MIDDLE LAST	Identifying number SSN-XX-XXXX	Decedent's social security no. : : :
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Address of person for whom you are acting (number, street, and room or suite no.)
1234 YOUR ADDRESS ST. or GENERAL DELIVERY, 1234 POST OFFICE ADDRESS

City or town, state, and ZIP code (if a foreign address, see instructions.)
CITY / TOWN, ST 12345

Fiduciary's name
STEVEN MNUCHIN, SECRETARY OF THE U.S. TREASURY

Address of fiduciary (number, street, and room or suite no.)
1500 PENNSYLVANIA AVE. NW

City or town, state, and ZIP code WASHINGTON, DC 20220	Telephone number (optional) ()
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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 & Creditor**

Part III Nature of Liability and Tax Notices

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ▶ **Estate Tax, Income Tax**
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) ▶ **1040, 1040-V, 1096, 1099-A, 1099-OID**
- 4 Year(s) or period(s) (if estate tax, date of death) ▶ **Nunc Pro Tunc from [BIRTH YEAR] -> Current**
- 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

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 ▶ **Correcting all records on file**

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) VITAL STATISTICS OFFICE - YOUR BIRTH STATE		Date proceeding initiated DATE OF RECORD ON BIRTH CERTIFICATE	
Address of court 1234 VITAL STATISTICS ADDRESS*		Docket number of proceeding BIRTH CERT. NUMBER	
City or town, state, and ZIP code CITY / TOWN, ST 12345	Date N/A	Time N/A	a.m. / p.m. / Place of other proceedings

Part VI Signature

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

Please Sign Here	By: <i>First Middle Last</i> 	Attorney in Fact	TODAY'S DATE
	Fiduciary's signature	Title, if applicable	Date

*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.