

**ATS Test Scenario 12**  
**Taxpayer: Joanne Birch**  
**SSN: 400-00-1046**

**Test Scenario 12 includes the following form:**

- **Form 56**

**Date of Death = December 1, 2013**

## Notice Concerning Fiduciary Relationship

(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

### Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no.
Joanne Birch		400-00-1046

Address of person for whom you are acting (number, street, and room or suite no.)

1234 16th St.

City or town, state, and ZIP code (If a foreign address, see instructions.)

Parkville, MD 21234

Fiduciary's name

James Birch

Address of fiduciary (number, street, and room or suite no.)

500 Elm St

City or town, state, and ZIP code

Parkville, MD 21234

Telephone number (optional)

( 410 ) 555-4443

### 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 or creditors  
f ☐ Other. Describe ►

2a If box 1a or 1b is checked, enter the date of death ► 20131201

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	
Jackson County Court		4/18/2014	
Address of court		Docket number of proceeding	
5678 Dogwood Ave		5566-11	
City or town, state, and ZIP code	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Place of other proceedings
Parkville, MD 21234	5/22/2014		

**Part III Signature**

<b>Please Sign Here</b>	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
		Executor	5/1/2015
	Fiduciary's signature	Title, if applicable	Date