

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

Form 56

Date of death is 12/01/2012

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.
Joann Birch		400-00-1046
Address of person for whom you are acting (number, street, and room or suite no.)		
1234 16th Street		
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 Street		
City or town, state, and ZIP code	Telephone number (optional)	
Parkville, MD 21234	(410) 555-5443	

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 of creditors
- f** ☐ Other. Describe ►
- 2a** If box 1a or 1b is checked, enter the date of death ►
- 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		4/18/2013	
Address of court		Docket number of proceeding	
5678 Dogwood Ave		5566-11	
City or town, state, and ZIP code	Date	Time	Place of other proceedings
Parkville, MD 21234	5/22/2014	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Part III Signature

Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
	 Fiduciary's signature	<u>Executor</u> Title, if applicable	<u>5/1/2014</u> Date