

**ATS Test Scenario 16
Taxpayer: Joanne Black
SSN: 400-00-1046**

Test Scenario 16 includes the following form:

- **Form 56**

Date of Death is December 1, 2017

Notice Concerning Fiduciary Relationship

► Go to www.irs.gov/Form56 for instructions and the latest information.
(Internal Revenue Code sections 6036 and 6903)

Part I Identification

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

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

City or town, state, and ZIP code <u>Parkville, MD 21234</u>	Telephone number (optional) (410) 555-1212
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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 ► 20171201
- b** 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 ►

Part II Revocation or Termination of Notice

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:
- a** Court order revoking fiduciary authority
 - b** Certificate of dissolution or termination of a business entity
 - c** Other. Describe _____

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)

Part III 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	
Maryland County Court		4/18/2018	
Address of court		Docket number of proceeding	
1111 Smith Avenue		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 21239	5/22/2018		

Part IV Signature

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

Please Sign Here	<input type="checkbox"/> _____	Executor	5/2/2019
	Fiduciary's signature	Title, if applicable	Date