

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

**Test Scenario 16 includes the following form:**

- **Form 56**

**Date of Death = December 1, 2016**

## Notice Concerning Fiduciary Relationship

▶ Information about Form 56 and its separate instructions is at [www.irs.gov/Form56](http://www.irs.gov/Form56).  
 (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. <u>400-00-1046</u>
Address of person for whom you are acting (number, street, and room or suite no.) <u>1234 16th St.</u>		
City or town, state, and ZIP code (If a foreign address, see instructions.) <u>Parkville, MD 21234</u>		
Fiduciary's name <u>James Black</u>		
Address of fiduciary (number, street, and room or suite no.) <u>500 Elm St.</u>		
City or town, state, and ZIP code <u>Parkville, MD 21234</u>		Telephone number (optional) ( <u>410</u> ) <u>555-6789</u>

### 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 ▶ 20161201
- 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) Maryland County Court		Date proceeding initiated 4/18/2017	
Address of court 1111 Smith Ave.		Docket number of proceeding 5566-11	
City or town, state, and ZIP code Parkville, MD 21239	Date 5/22/2017	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Place of other proceedings

**Part IV Signature**

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

<b>Please Sign Here</b>	<input type="checkbox"/>	<u>Executors</u>	<u>5/2/2018</u>
	Fiduciary's signature	Title, if applicable	Date