

Notice Concerning Fiduciary Relationship

(Internal Revenue Code Sections 6036 and 6903)

OMB No. 1545-0013

Go to www.irs.gov/Form56 for instructions and the latest information.

Part I Identification

Name of person for whom you are acting (as shown on the tax return)

JOHN PAUL JONES - VESSEL

Identifying number

12345678

Decedent's social security no.

123-45-6789

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

400 CLARK STREET

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

MONTEREY, CALIFORNIA, 93940

Fiduciary's name

John-Paul: Jones - Executor

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

c/o 500 Main Street

City or town, state, and ZIP code

Seaside, California [93955]

Telephone number (optional)

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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 ☐ Fiduciary of intestate estate
e ☒ Valid trust instrument and amendments
f ☐ Bankruptcy or assignment for the benefit of creditors
g ☒ Other. Describe: Notice that :Jones, John-Paul., is alive and the Executor/Heir/Beneficiary of the above PERSON

2a If box 1a, 1b, or 1d is checked, enter the date of death: 10/09/1968

b If box 1c, 1e, 1f, or 1g is checked, enter the date of appointment, taking office, or assignment or transfer of assets: 10/05/1986

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 or 1040-SR **f** ☒ 1041 **g** ☐ 1120 **h** ☒ Other (list): any or none that may apply.
- 5** If your authority as a fiduciary does not cover all years or tax periods, check here ☐
and list the specific years or periods within your authority: _____

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: tax exempt foreign estate or trust 26 USC 7701 (a) (31), correcting all records on file.

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	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time ☐ a.m. ☐ p.m.	Place of other proceedings

Part IV Signature

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

By: John - Paul: James

Fiduciary's signature

Title, if applicable

6-12-2025

Date