



Illinois Department of Revenue

# IL-56 Notice of Fiduciary Relationship

## Step 1: Identify the fiduciary and taxpayer

### Fiduciary information

Name of fiduciary \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Email address \_\_\_\_\_

### Taxpayer information *(Required)*

Name of individual, estate or trust \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Taxpayer's identification number (SSN or FEIN) \_\_\_\_\_

If an estate, enter the decedent's date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## Step 2: Describe the satisfactory evidence of authority

Describe what you have attached as satisfactory evidence of authority to act in a fiduciary capacity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Step 3: List the nature and extent of liabilities

Enter all applicable years for which you are acting as a fiduciary. Enter the type of tax (e.g., income tax or retailers' occupation tax), whether or not additional tax or a refund is due, and whether or not a return or payment is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Step 4: Complete this step when you terminate a prior fiduciary relationship

Name of prior fiduciary \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of termination: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Email address \_\_\_\_\_

## Step 5: Sign below

I have examined this notice and, to the best of my knowledge, it is true, correct, and complete.

Signature of fiduciary \_\_\_\_\_

Title (e.g., guardian, trustee, or executor) \_\_\_\_\_ Month Day Year