



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