

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	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Place of other proceedings

Part IV Signature**Please Sign Here**

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



Fiduciary's signature

Title, if applicable

Date