

### Assignment 3 (Web programming)

๑. ให้เลือกฟอร์มตามรายชื่อที่กำหนดให้
๒. สร้างเว็บฟอร์มโดยใช้ภาษา HTML  
ตามแบบที่กำหนดให้
๓. ส่งวันอังคารที่ ๗ มกราคม ๒๕๖๓ ในคาบเรียน  
เป็นไฟล์ HTML

# Form 940 for 2017: Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN)   -

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

## Type of Return (Check all that apply.)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2017
- ☐ d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

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Read the separate instructions before you complete this form. Please type or print within the boxes.

### Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . 1a
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b ☐ Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2 ☐ Check here. Complete Schedule A (Form 940).

### Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

- 3 Total payments to all employees . . . . . 3
- 4 Payments exempt from FUTA tax . . . . . 4
- Check all that apply: 4a ☐ Fringe benefits 4c ☐ Retirement/Pension 4e ☐ Other
- 4b ☐ Group-term life insurance 4d ☐ Dependent care
- 5 Total of payments made to each employee in excess of \$7,000 . . . . . 5
- 6 Subtotal (line 4 + line 5 = line 6) . . . . . 6
- 7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions. . . . . 7
- 8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

### Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

- 9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9
- 10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10
- 11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

### Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

- 12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12
- 13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13
- 14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
- If line 14 is more than \$500, you must deposit your tax.
  - If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14
- 15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15
- ▶ You MUST complete both pages of this form and SIGN it. Check one: ☐ Apply to next return. ☐ Send a refund.

Next ▶

Name (not your trade name)

Employer identification number (EIN)

**Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.**

**16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

**16a 1st quarter** (January 1 – March 31) . . . . . **16a**

**16b 2nd quarter** (April 1 – June 30) . . . . . **16b**

**16c 3rd quarter** (July 1 – September 30) . . . . . **16c**

**16d 4th quarter** (October 1 – December 31) . . . . . **16d**

**17 Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17) **17**  **Total must equal line 12.**

**Part 6: May we speak with your third-party designee?**

**Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.**

☐ **Yes.** Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

☐ **No.**

**Part 7: Sign here. You MUST complete both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**X Sign your name here**

Print your name here

Print your title here

Date

/  /

Best daytime phone

**Paid Preparer Use Only**

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

/  /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form

**SS-4**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

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Type or print clearly.	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		
	<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)		<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)		<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located		
	<b>7a</b> Name of responsible party		<b>7b</b> SSN, ITIN, or EIN
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Sole proprietor (SSN) _____  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____  <input type="checkbox"/> Personal service corporation  <input type="checkbox"/> Church or church-controlled organization  <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____  <input type="checkbox"/> Other (specify) ▶ _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Estate (SSN of decedent) _____  <input type="checkbox"/> Plan administrator (TIN) _____  <input type="checkbox"/> Trust (TIN of grantor) _____  <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government  <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military  <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises  Group Exemption Number (GEN) if any ▶ _____ </div> </div>			
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
<b>10</b> <b>Reason for applying</b> (check only one box)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Started new business (specify type) ▶ _____  <input type="checkbox"/> Hired employees (Check the box and see line 13.)  <input type="checkbox"/> Compliance with IRS withholding regulations  <input type="checkbox"/> Other (specify) ▶ _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____  <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶ _____  <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ </div> </div>			
<b>11</b> Date business started or acquired (month, day, year). See instructions.		<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
<div style="display: flex; justify-content: space-around;"> <span>Agricultural</span> <span>Household</span> <span>Other</span> </div>			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶			
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental &amp; leasing <input type="checkbox"/> Transportation &amp; warehousing  <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance &amp; insurance <input type="checkbox"/> Other (specify) _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Health care &amp; social assistance <input type="checkbox"/> Wholesale-agent/broker  <input type="checkbox"/> Accommodation &amp; food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail </div> </div>			
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			
Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) (       )
	Address and ZIP code		Designee's fax number (include area code) (       )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (       )	
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) (       )	
Signature ▶		Date ▶	



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**นายภูริพรพร สัตยารักษ์** **Form I-9**

OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>นายภาสกร ธรรมลังกา</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## Form No. 49A

**Application for Allotment of Permanent Account Number**  
**[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/**  
**Unincorporated entities formed in India]**

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Only  
'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

Only  
'Individuals'  
to affix recent  
photograph  
(3.5 cm x  
2.5 cm)

**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

Sign / Left Thumb impression  
across this photo

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Signature / Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

**1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)**Please select title, ☒ as applicable☐ Shri☐ Smt.☐ Kumari☐ M/s

Last Name / Surname

First Name

Middle Name

**2 Abbreviations of the above name, as you would like it, to be printed on the PAN card****3 Have you ever been known by any other name?**☐ Yes☐ No

(please tick as applicable)

If yes, please give that other name

Please select title, ☒ as applicable☐ Shri☐ Smt.☐ Kumari☐ M/s

Last Name / Surname

First Name

Middle Name

**4 Gender (for Individual applicants only)**☐ Male☐ Female☐ Transgender

(please tick as applicable)

**5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons**

Day

Month

Year

**6 Details of Parents (applicable only for individual applicants)**

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes☐ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

**Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

**Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)**

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

☐ Father's name☐ Mother's name

(Please tick as applicable)

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

**7 Address****Residence Address**

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

Office Address

Name of office

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

8 Address for Communication

Residence

Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

10 Status of applicant

Please select status, ☒ as applicable

Individual

Hindu undivided family

Company

Partnership Firm

Government

Trusts

Body of Individuals

Local Authority

Artificial Juridical Persons

Association of Persons

Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

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13 Source of Income

Please select, ☒ as applicable

Salary

Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

Income from House property

Capital Gains

Income from Other sources

No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name : initials are not permitted)

Please select title, ☒ as applicable

Shri

Smt.

Kumari

M/s

Last Name / Surname

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed as proof of identity, as proof of address and as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We , the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Date :

D D M M Y Y Y Y

Signature / Left Thumb Impression of Applicant (inside the box)



**Notice Concerning Fiduciary Relationship  
of Financial Institution**  
(Internal Revenue Code sections 6036, 6402, and 6903)

OMB No. 1545-2159

For IRS Use Only

**Part I Identification**

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1	Name of person for whom you are acting (as shown on the tax return)	2	Employer identification number
3	Address of financial institution (number, street, and room or suite no.)		
4	City, state, and ZIP code	5	Telephone no. ( )
6	Check the applicable box for the type of financial institution: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift		
7	Check here <input type="checkbox"/> if the financial institution is insolvent.		
8	Enter the ending date of the financial institution's tax year (mo., day, yr.). . . . . ▶		
9	Fiduciary's name	10	Contact person
11	Address of fiduciary (number, street, and room or suite no.)		
12	City or town, state, and ZIP code	13	Telephone no. ( )
14	Check the applicable box if the fiduciary is a: <input type="checkbox"/> Receiver <input type="checkbox"/> Conservator		
15	Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.		
16	Name of person for whom you are acting (as shown on the tax return)	17	Employer identification number
18	Address of the common parent (number, street, and room or suite no.)		
19	City, state, and ZIP code		
20	Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group.		
21	Enter the tax year(s) that the financial institution is or was a member of the consolidated group ▶		

**Part II Authority**

- 22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders:
- |  |   |
|--|---|
| a <input type="checkbox"/> Appointment of conservator  | b <input type="checkbox"/> Replacement of conservator |
| c <input type="checkbox"/> Appointment of receiver   | d <input type="checkbox"/> Order of insolvency        |
| e <input type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶ |   |

**Part III Tax Notices**

- 23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved.
- .....
- .....

**Part IV Revocation or Termination of Notice**

**Section A—Total Revocation or Termination**

- 24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)):
- |   |
|---|
| a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached.             |
| b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached. |
| c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶             |
- .....

**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