

***Caution: DRAFT FORM***

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site ([www.irs.gov](http://www.irs.gov)).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Request for Discharge From Personal Liability Under  
 Internal Revenue Code Section 2204 or 6905**

▶ See instructions on back.

|  |               |                                 |
|--|---------------|---------------------------------|
| Decedent's name  | Date of death | Social security number          |
| Requester's name   |               | Kind of Tax                     |
| Title  |               | <input type="checkbox"/> Income |
| Number, street, and room or suite no. (If a P.O. box, see instructions.) |               | <input type="checkbox"/> Gift   |
| City, town, or post office, state, and ZIP code                          |               | <input type="checkbox"/> Estate |
|  |               | Daytime phone number            |

**Tax Returns for Which Discharge From Personal Liability is Requested**

| Form Number | Tax Period Ended | SSN/EIN on Return | Name and Address Shown on Return | Service Center Where Filed | Date Filled |
|-------------|------------------|-------------------|----------------------------------|----------------------------|-------------|
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|             |                  |                   |                                  |                            |             |

If applicable, provide the name of the decedent's spouse (surviving or deceased) \_\_\_\_\_

Spouse's social security number \_\_\_\_\_

I have attached the items checked to help expedite action on my request.

Copies of returns listed above.

Copies of letters of administration or letters testamentary.

Other (describe): .....

I request a discharge from personal liability for any deficiency for the kind of tax and periods shown above, as provided by section 2204 or 6905 of the Internal Revenue Code.

**Sign Here**

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

I certify that I have never been assessed any penalties for civil fraud for any federal or state tax matter nor have I been charged with, indicted for, or convicted of fraud. If you cannot certify this statement, attach a detailed statement explaining the circumstances under which you were assessed a penalty, charged with, indicted for, or convicted of fraud.

\_\_\_\_\_  
 Signature of requester

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Identifying number