ARIZONA FORM
210

Notice of Assumption of Duties in a Fiduciary Capacity

Complete and mail to: **Arizona Department of Revenue, Box B-06, 1600 West Monroe, Phoenix, AZ 85007-2650.**
For assistance, call (602) 255-3381 or toll-free from area codes 520 and 928, call (800) 352-4090.

Notice is hereby given of the assumption of duties in a fiduciary capacity in the estate named below pursuant to ARS Section 43-1366.

Section I Decedent Information		
Full Name of Decedent	Decedent's Social Security Number	Decedent's Date of *Death* M M D D Y Y Y Y
	Estate's Federal Employer I.D. Number	Decedent's Date of *Birth* M M D D Y Y Y Y
Full Name of Spouse	Spouse's Social Security Number	*If spouse is deceased*, Date of Death M M D D Y Y Y Y
Last known home address of decedent		
Date domicile was established in Arizona: (If nonresident, *describe Arizona property on a separate schedule*) ..... M M D D Y Y Y Y		
Mailing Address – *if different from home address*		

Section II Fiduciary Information	
Name of Fiduciary	Telephone Number (with area code)
Address	

Section III Probate Information		
County in which estate is being probated	Probate Number	Date of Fiduciary's Appointment M M D D Y Y Y Y
Name of Attorney		Telephone Number (with area code)
Address		

Section IV Estate Information	
Approximate Value of *Entire Gross* Estate $	Approximate Value of *Probate* Estate $
Name, Address, and Social Security Number of Beneficiary(ies). *Attach extra sheet if necessary.*	

Section V Termination of Fiduciary Relationship

Complete this section only if you are terminating a prior notice of a fiduciary relationship.

If you are terminating a prior notice concerning fiduciary relationships on file with the Arizona Department of Revenue, *check this box* ..... ☐

Enter the date the fiduciary capacity was terminated ..... M M D D Y Y Y Y

Signature

► _____ _____ _____
SIGNATURE OF FIDUCIARY TITLE DATE

NOTE: Tax information on file with the department is confidential. If the fiduciary wants the department to discuss tax matters with someone other than the fiduciary, the fiduciary must authorize the department to release confidential information to that person. If a fiduciary wishes to authorize an individual to represent or perform certain acts on behalf of the entity, a Power of Attorney must be filed and signed by the fiduciary acting in the position of the taxpayer. Use Arizona Form 285 for this purpose. Form 285 may be filed with Form 210. You may obtain Form 285 from our web site at www.azdor.gov.