

# GEN-58R Power of Attorney Revocation

*DOR Use Only*

The filing of this power of attorney revocation will revoke all earlier power(s) of attorney on file with the Department of Revenue for the taxpayer and tax matter(s) indicated below. If you filed a joint power of attorney with your spouse, this form will only revoke the power of attorney for you. Any joint power of attorney will continue for your spouse until revoked by your spouse.

<b>1 Taxpayer Information</b>			<small>ID Type (Specify one) SSN (Social Security Number) or FEIN (Fed Employer ID Number)</small>	
Individual's First Name	M.I.	Individual's Last Name	ID Type	Primary Identification Number
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Entity Legal Name			ID Type	Business Identification Number
<input style="width: 98%;" type="text"/>			<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address				
<input style="width: 98%;" type="text"/>				
City	State	Zip Code	Daytime Phone Number (Include area code)	
<input style="width: 95%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 95%;" type="text"/>	
Email Address				
<input style="width: 98%;" type="text"/>				

<b>2 Tax Matters</b>
Which tax matters would you like to Revoke?
<input type="radio"/> Revoke All Tax Matters
<input type="radio"/> Revoke Specific Tax Matters (Select the tax type(s) below)
Type of Tax
<input style="width: 98%;" type="text"/>
Type of Tax
<input style="width: 98%;" type="text"/>
Type of Tax
<input style="width: 98%;" type="text"/>

**Signature.** - If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY REVOCATION WILL BE RETURNED.**

----- Signature ----- Date ----- Select Taxpayer or Representative -----

----- Print Name -----

If submitted by a Representative, please enter the following:	
Representative's First Name	Representative's Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Representative's Email Address	
<input style="width: 98%;" type="text"/>	
Representative's Phone Number (Include area code)	
<input style="width: 98%;" type="text"/>	