

# MULTISTATE POWER OF ATTORNEY REVOCATION FORM

## **Part 1 – Taxpayer Information** *Complete Addendum A if you would like this Form to cover more than one filer or related entity.*

Name:		Taxpayer Type (Individual/Partnership/Corp.):		FEIN, SSN or ITIN:	
Address (suite, room, PO Box, or PMB no.):		Telephone Number:	Fax Number:	Email:	
City:				State:	Zip Code:

## **Part 2 – Revocation**

Please confirm that you would like to revoke the attached Multistate Power of Attorney. If you would like to revoke it for all states, select "Revoke POA in All States." If you would like to revoke the Power of Attorney only in specific states, please select "Revoke POA in Specific States" and list the states in which you would like to revoke the attached Power of Attorney. If you select this option, but do not list specific states, the Power of Attorney will remain valid in all states. If you do not have a copy of the POA you are looking to revoke, please select "Remove Authorized Representative/Appointee" and complete Part 3. You do not need to complete Part 3 if you attach a valid Multistate Power of Attorney Form.

Revoke POA in All States     Revoke POA in Specific States (List in Box Below)     Remove Authorized Representative/Appointee

## **Part 3 – Remove Authorized Representative/Appointee**

Please complete the information below for representatives/appointees that you would like to remove. If you would like these individuals to represent you again, you will have to file an updated Multistate Power of Attorney Form. These individuals will no longer be able to perform actions on your behalf.

### **Primary Representative**

Name:		Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:	
Address (suite, room, PO Box, or PMB no.):		Telephone Number:	Fax Number:
City:		State:	Zip Code:
Email address:			

If you would like to remove this representative's authorizations with respect to specific tax types of tax periods (as opposed to removing their authorization entirely) specify the periods/tax types for which you would like to **remove** the representative's authority below.

### **Additional Representative(s)/Appointee(s)**

Name:		Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:	
Address (suite, room, PO Box, or PMB no.):		Telephone Number:	Fax Number:
City:		State:	Zip Code:
Email address:			

If you would like to remove this representative's authorizations with respect to specific tax types of tax periods (as opposed to removing their authorization entirely) specify the periods/tax types for which you would like to **remove** the representative's authority below.

## **Part 4 – Taxpayer Signature**

I declare under penalty of perjury of the laws of each of the states that this Form covers that I am the taxpayer or authorized to sign on behalf of the taxpayer(s) listed on this Form.

Print Name:		Title (required for business entities):	
Signature:		Date:	