**MULTISTATE POWER OF ATTORNEY REVOCATION FORM**

OPTIONAL BAR CODE

**RESET FORM**

**SUBMIT FORM**

**PRINT FORM**

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**Part 1 – Taxpayer Information**

**Part 2 – Revocation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Initial: | | Last Name: | | FEIN, SSN or ITIN: | | |
|  |  | |  | | *Complete Addendum A if you would like this Form to cover more than one filer or related entity.* | | |
| Address (suite, room, PO Box, or PMB no.): Check if new address□ | | Telephone Number: | | Fax Number: | | Taxpayer Type (Individual/Partnership/Corporation/LLC/Other): | |
|  | | ( ) - | | ( ) - | |  | |
| City: | | | | | State: | | Zip Code: |
|  | | | | |  | |  |

*Please confirm that you would like to revoke the attached 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 Specific States (List in Box Below)

Remove Authorized Representative/Appointee

Revoke POA in All States

*List any specific states in which you would like to invalidate the attached power of attorney form.*

**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**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last 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: | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last 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: | | | | |
|  | | | | |

**Part 4 – Taxpayer Signature Authorizing Power of Attorney Declaration**

*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. By signing this Form, I understand I am granting the authorized representative(s) authority to perform all acts listed on this Form for a period of up to* ***SEVEN YEARS*** *unless otherwise provided.*

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

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