

FORM U- POA REV
UNIVERSAL POWER OF ATTORNEY REVOCATION

Part 1 – Taxpayer Information Complete Addendum B if you would like this Form to cover more than one entity.

Name:	Initial:	Last Name:	FEIN, SSN or ITIN:
Address (suite, room, PO Box, or PMB no.): Check if new address <input type="checkbox"/>		Telephone Number:	Fax Number:
City:		State:	Zip Code:

Part 2 – Revocation

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 Form MTC-POA.

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

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 Form MTC-POA. These individuals will no longer be able to perform actions on your behalf.

Primary Representative

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:			

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:			

Part 4 – Taxpayer Signature Authorizing Power of Attorney

Your signature revokes any authority previously granted to any of the individuals listed in Part 3 or in the attached Form MTC – POA from performing any acts which you previously authorized. Based on your selection in Part 2, your signature may revoke this authority in every state, or specific states. If you would like to grant these individuals any authority to perform acts on your behalf, you will have to submit a new Form MTC – POA.

I understand that this Form will be rejected if not signed and dated by an authorized individual.

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