

Tax Power of Attorney Revocation Form

Taxpayer Information

Full Name

Taxpayer Identification Number (SSN/EIN)

Address

City

State

ZIP Code

Representative Information to be Revoked

Representative Name

CAF Number

Firm or Organization

Address

City

State

ZIP Code

Revocation Details

Power(s) of Attorney to Be Revoked

Effective Date of Revocation

Signature

Signature

Date

Printed Name

Title (if applicable)