

Power of Attorney Declaration Revocation

3520-RVK

Use this legal document to revoke an existing power of attorney (POA) Declaration on file with the Franchise Tax Board (FTB). Form FTB 3520-RVK, Power of Attorney Declaration Revocation, is not used to revoke a representative; it revokes an entire POA Declaration. Generally, a POA Declaration remains valid for **six years** from the POA signature date or until revoked. This form will not revoke a tax information authorization (TIA). To revoke a TIA, use form FTB 3535, Tax Information Authorization Revocation.

Part I – Taxpayer Information

Provide the information submitted to FTB within Part I of the original POA Declaration that you would like to revoke.

- Individual**
(If a joint tax return is filed, each spouse/Registered Domestic Partner [RDP] must complete their own POA Declaration Revocation)
- Fiduciary**
(Estate or Trust – **FEIN required**)
- Business Entity**
(A subsidiary not included with the unitary taxpayer's group return must file its own POA Declaration Revocation)
- 540NR Group Nonresident Return**
(If the POA Declaration filed was for matters related to a 540NR group nonresident return)

Individual (first name, middle initial, last name, suffix), name of estate or trust, or full legal business name

CA corporation number	CA SOS number (or FTB issued number)	FEIN	SSN or ITIN	Phone
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Street address (number and street) or PO box	Apt. no/ste. no.
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

City (If you have a foreign address, see instructions)	State	ZIP code
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Part II – Representative

Provide the information for one of the representative(s) listed on the original POA Declaration.

Representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Street address (number and street) or PO box	Apt. no/ste. no.	Phone
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

City (If the representative has a foreign address, see instructions.)	State	ZIP code	Fax
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Part III – Original Signature Date

Date the original POA Declaration was signed. mm/dd/yyyy

Part IV – Signature Authorizing Power of Attorney Declaration Revocation

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

I declare under penalty of perjury under the laws of the State of California that I am the taxpayer, corporate officer, general partner, authorized managing member, tax matter partner, or legal representative such as an executor, receiver, administrator, guardian, conservator, or trustee, of the taxpayer listed in Part I, and that I have the authority to revoke an existing POA Declaration. **FTB will not revoke the POA Declaration unless this form is signed and dated by an authorized individual.**

Print name

Title (required for fiduciaries, group nonresidents, and business entities)

Signature

Date