

# Tax Information Authorization Revocation

# 3535

Use this form to revoke an existing tax information authorization (TIA) on file with the Franchise Tax Board (FTB). Form FTB 3535, Tax Information Authorization Revocation, will revoke the TIA for the authorized representative listed prior to the **13 month** expiration. This form will not revoke a power of attorney (POA) for a representative listed on form FTB 3520-PIT, Individual or Fiduciary Power of Attorney Declaration, or form FTB 3520-BE, Business Entity or Group Nonresident Power of Attorney Declaration, on file with FTB. To revoke a POA, use form FTB 3520-RVK, Power of Attorney Declaration Revocation.

## Part I – Taxpayer Information

Check only one box below and provide the corresponding information.

- Individual**  
(If a joint tax return is filed, each spouse/Registered Domestic Partner [RDP] must complete their own TIA Revocation)
- Fiduciary**  
(Estate or Trust – **FEIN required**)
- Business Entity**  
(A subsidiary not included with the unitary taxpayer's group return must file its own TIA Revocation)
- 540NR Group Nonresident Return**  
(If the TIA is related to matters for 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: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Street address (number and street) or PO box	Apt. no./ste. no.
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

City (If you have a foreign address, see instructions.)	State	ZIP code
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

## Part II – Representative

Provide the information for the representative you want revoked. Submit a separate form FTB 3535 for each representative you want revoked.

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: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Street address (number and street) or PO box	Apt. no./ste. no.	Phone
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

City (If the representative has a foreign address, see instructions.)	State	ZIP code	Fax
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

## Part III – Signature Authorizing Tax Information Authorization Revocation

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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 sign this Tax Information Authorization Revocation form. I understand that this form will revoke an existing TIA prior to the **13 month** expiration. **FTB will not revoke the TIA representative unless this form is signed and dated by an authorized individual.**

Print name	Title (required for fiduciaries and business entities)
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Signature	Date
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

**X**