

Tax Information Authorization Revocation

3535

Use this legal document to revoke an existing Tax Information Authorization (TIA) on file with the Franchise Tax Board (FTB). This form will revoke the TIA for the authorized representative listed prior to the **13 month** expiration. Form FTB 3535, Tax Information Authorization Revocation, will not revoke 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 Power of Attorney, 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**
(Estates or Trusts - **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 the 540NR Group Nonresident return)

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

CA corporation number	CA SOS number (or FTB issued number)	FEIN (required for Fiduciary)	SSN or ITIN	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address (number and street) or PO box	Apt. no./Suite no.
<input type="text"/>	<input type="text"/>

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input 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 (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address (number and street) or PO box	Apt. no./Suite no.	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

City	State	ZIP code	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part III – Signature Authorizing Tax Information Authorization Revocation

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

I declare under penalty of perjury under the laws of the State of California that I am the taxpayer, legal representative, corporate officer, general partner, guardian, authorized managing member, tax matters partner, executor, receiver, administrator, or trustee for the taxpayer listed in Part I, and that I have the legal authority to sign this Tax Information Authorization Revocation form. I understand that this form will revoke an existing Tax Information Authorization prior to the **13 months** expiration. **FTB will reject this form if not signed and dated by an authorized individual.**

Print Name	Title (required for Fiduciaries and Business Entities)
<input type="text"/>	<input type="text"/>

Signature	Date
<input checked="" type="text"/>	<input type="text"/>