Franchise Tax Board	Authorization Revoc	ation	3535
Authorization Revocation, power of attorney (POA) f	n existing tax information authorization (TIA) will revoke the TIA for the authorized repres or a representative listed on form FTB 3520- Nonresident Power of Attorney Declaration, o	entative listed prior to the 13 month expira PIT, Individual or Fiduciary Power of Attori	ation. This form will not revoke a ney Declaration, or form FTB 3520-BE,
Part I Taxpayer Ir	nformation		
Check only one box below	and provide the corresponding information.		
(If a joint tax return is file Registered Domestic Par complete their own TIA R	tner [RDP] must FEIN required)	(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 i	nitial, last name, suffix), name of estate or trust, or	full legal business name	
CA corporation number	CA SOS number (or FTB issued number) FEIN	N SSN or ITIN	Phone

Street address (number and street) or PO box		Apt. no./ste. no.
City (If you have a foreign address, see instructions.)		State ZIP code
Foreign country name	Foreign province/state/county	Foreign postal code

Part II Representative

10. 1

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

Representative's nam	ne (first name, middle initial, and last nam	e)			
	CA state bar number	CTEC		Enrolled agent number	PTIN
Street address (numb	ber and street) or PO box			Apt. no./ste. no.	Phone
City (If the representa	ative has a foreign address, see instructio	ns.)	State	ZIP code	Fax

Part III Signature Authorizing Tax Information Authorization Revocation

Tax Information

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 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 (r	equired for fiducia	ries and business entities)
Signature			Date
X			

CALIFORNIA FORM