STATE OF CALIFORNIA
Franchise Tax Board

Power of Attorney Declaration Revocation

CALIFORNIA FORM

3520-RVK

Use this legal document to revoke an existing Power of Attorney (POA) Declaration on file with the Franchise Tax Board (FTB). This form 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. Form FTB 3520-RVK, Power of Attorney Declaration Revocation, 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 Power of Attorney 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

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

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

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

CA CPA | CA state bar number | CTEC | Enrolled agent number | PTIN

Street address (number and street) or PO box | Apt. no/ste. no. | Phone

City (If the representative has a foreign address, see instructions.) | State | ZIP code | Fax

Part III – Original Signature Date

Date the original Power of Attorney Declaration was signed. . . . . mm/dd/yyyy

Part IV – Signature Authorizing Power of Attorney Declaration 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 am the taxpayer, legal representative, corporate officer, general partner, authorized managing member, tax matter partner, guardian, executor, conservator, receiver, administrator, or trustee on behalf of the taxpayer and I certify I have the legal authority to revoke an existing Power of Attorney 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

X

Date