

# Instructions for Web Fill-In Forms

## Getting Started

Save the PDF to  
your computer



Use the latest  
version of Adobe  
Acrobat Reader  
to complete the  
form.



## Guidelines

Do not handwrite  
any information



Do not use  
commas when  
entering amounts

Enter Whole U.S. Dollars Only ☐

▶ 1. 99,999

Enter Whole U.S. Dollars Only ☒

▶ 1. 99999

Do not use brackets for  
negative numbers. Use  
a minus sign to show  
the amount is negative.

Enter Whole U.S. Dollars Only ☐

▶ 1. [99999]

Enter Whole U.S. Dollars Only ☒

▶ 1. -99999

## Printing

Use the print icon on  
the form to ensure  
you have completed  
all required fields.



Do not select "print  
on both sides of the  
paper."

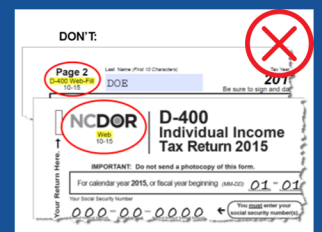


Set the page scaling  
to "none." The Auto-  
Rotate and Center  
checkbox should be  
unchecked.



## Before Sending...

Do not mix form  
types



Do not submit  
photocopies of  
returns. Submit  
original returns only.



# GEN-58R

## Power of Attorney Revocation

DOR Use Only

The filing of this power of attorney revocation will revoke all earlier power(s) of attorney on file with the Department of Revenue for the taxpayer and tax matter(s) indicated below. If you filed a joint power of attorney with your spouse, this form will only revoke the power of attorney for you. Any joint power of attorney will continue for your spouse until revoked by your spouse.

### 1 Taxpayer Information

ID Type (Specify one)  
SSN (Social Security Number) or  
FEIN (Fed Employer ID Number)

Individual's First Name	M.I.	Individual's Last Name	ID Type	Primary Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entity Legal Name			ID Type	Business Identification Number
<input type="text"/>			<input type="text"/>	<input type="text"/>
Mailing Address				
<input type="text"/>				
City	State	Zip Code	Daytime Phone Number (Include area code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address				
<input type="text"/>				

### 2 Tax Matters

Which tax matters would you like to Revoke?

- ☐ Revoke All Tax Matters
- ☐ Revoke Specific Tax Matters (Select the tax type(s) below)

Type of Tax

Type of Tax

Type of Tax

**Signature.** - If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY REVOCATION WILL BE RETURNED.

----- Signature ----- Date ----- Select Taxpayer or Representative -----

----- Print Name -----

If submitted by a Representative, please enter the following:

Representative's First Name

Representative's Last Name

Representative's Email Address

Representative's Phone Number (Include area code)

**Mail to:** North Carolina Department of Revenue, P. O. Box 25000, Raleigh, NC 27640-0005  
**Fax:** 919-715-1786