

GEN-58 Power of Attorney and Declaration of Representative

DOR Use Only

Part 1. Power of Attorney *(Please type or print.)*

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

1 Taxpayer Information

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"/>
Spouse's First Name	M.I.	Spouse's Last Name	ID Type	Spouse 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			Daytime Phone Number <i>(Include area code)</i>	
<input type="text"/>			<input type="text"/>	
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email Address	<input type="text"/>			
<input type="text"/>				

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) *(Representative(s) must sign and date this form on page 2, Part 2.)*

First Name	Last Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

First Name	Last Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

First Name	Last Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

to represent the taxpayer(s) before the North Carolina Department of Revenue for the following matters:

3 Tax Matters You may list any tax years or periods that have already ended as of the date you sign the power of attorney. You may include future tax years or periods that end no later than 3 years after the date the power of attorney is received by the Department of Revenue.

Type of Tax	Begin Tax Period	End Tax Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Acts Authorized. - The representative(s) are authorized to receive and inspect confidential tax information, which may include federal tax information, and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. For purposes of this section, federal tax information is defined as federal tax returns and return information received from the Internal Revenue Service.

Do you have any specific additions/deletions? Yes No

If yes, you must list them below.

5 Signature of Taxpayer(s). - If you request joint representation for you and a spouse related to a joint return, both spouses must sign the form. If you request representation for just you, your spouse is not required to sign. 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 WILL BE RETURNED.

Signature	Date	Title (if applicable)
Print Name		
Signature (if applicable)	Date	Title (if applicable)
Print Name		

Part 2. Declaration of Representative (To be completed by representative)

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - Enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer - a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Other (explain) -

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation - Insert above letter (a-g)	Jurisdiction (e.g. state) or Enrollment Card No.	Signature	Date
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>		<input style="width: 70px; height: 20px;" type="text"/>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>		<input style="width: 70px; height: 20px;" type="text"/>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>		<input style="width: 70px; height: 20px;" type="text"/>

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