



Indiana Department of Revenue
Revocation of Power of Attorney

This form only applies to paper Power of Attorney documents revocations, including POA-1 (State Form 49357). Any electronic POA, including ePOAs, must be revoked using DOR's e-services portal, INTIME, at intime.dor.in.gov.

*** Required information. If the field is not complete, this form will be returned to the sender.**

1. Taxpayer Information*

Individual Taxpayer Name or Company Name		
Social Security Number, ITIN, or FEIN		
Address or P.O. Box		
City	State	ZIP Code
Telephone Number		

2. Representative Revocation*

Option One: Revoke all Power of Attorney authority for all authorized representatives for all tax years and tax types.

Option Two: Revoke Power of Attorney authority for one authorized representative for all tax years and tax types.

Name of Current Power of Attorney or Company Name		
Social Security Number, ITIN, or FEIN		
Address or P.O. Box		
City	State	ZIP Code
Telephone Number		

Option Three: Revoke Power of Attorney authority for one authorized representative for certain tax year(s) and/or tax type(s).

Name of Current Power of Attorney or Company Name		
Social Security Number, ITIN, or FEIN		
Address or P.O. Box		
City	State	ZIP Code
Telephone Number		
Limit revocation to specific tax year(s)		
Limit revocation to specific tax types(s)		

3. Acknowledgement and Authorizing Signature*

This Revocation will not be considered valid for review by DOR until it is signed and dated by the taxpayer or an individual with legal authority to sign agreements on behalf of the taxpayer. Any revocation made by a taxpayer or an individual will not become official until the DOR has processed this form. By signing this form, you direct the Indiana Department of Revenue to revoke authority for the representative(s) listed above. The representative(s) will no longer be able to represent the taxpayer or receive taxpayer information. Representatives can be reinstated using the POA-1 form.

I declare and affirm under penalty of perjury that:

- I am a corporate officer, partner, member or managing member, guardian, tax matters partner or person, executor, receiver, administrator, trustee, or other fiduciary on behalf of the taxpayer;
- I have the authority to execute this form on behalf of the taxpayer;
- I have read and fully understand the foregoing document, and to the best of my knowledge it is true, correct, and complete; and
- I understand that during the duration of this form DOR may require me to provide documentation to verify my capacity or to confirm my identity and will cooperate to provide such documentation.

Signature* _____

Date* _____

Printed Name* _____

Title _____

Telephone Number* _____

Email _____

Instructions for Indiana Form POA-R

An individual with legal authority to revoke authority for the representative(s) permits the Indiana Department of Revenue (DOR) to revoke authority for the representatives listed above by signing, dating, and submitting this state form. An individual may grant Power of Attorney access to a representative by properly executing a Power of Attorney with the department using Form POA-1 (State Form 49357). This state form is only applicable to paper processed Power of Attorney documents, such as the POA-1. Any electronic POA, including ePOAs, must be revoked using DOR's e-services portal, INTIME, at intime.dor.in.gov. For more information on the ePOA and INTIME, please visit DOR's Power of Attorney website at www.in.gov/dor/i-am-a/tax-professional/power-of-attorney.

Option One allows for revocation of all power of attorney authority. Option Two and Option Three revoke power of attorney access for only one representative. If additional representatives need to be revoked, each representative will need a separate form.

A signature is constituted by the taxpayer's own signature or the signature of an individual authorized (a responsible person, as defined by 45 IAC 2.2-9-4; an owner of the company; an owner or member of an LLC, as defined by IC 23-18-1-15; a manager of an LLC, as defined by IC 23-18-1-14; an officer of a corporation; a fiduciary of the taxpayer) to execute the Power of Attorney on the taxpayer's behalf. The Revocation of Power of Attorney (POA-R) form must include signature, printed name, telephone number, and date to be accepted. **Note: This form is for one person. A spouse (if applicable) will need a separate form.**

DOR accepts faxed copies of the original POA-R. If a copy is provided, the person forwarding the copy certifies, under penalties for perjury, that the copy is a true, accurate, and complete copy of the original document. However, DOR will not accept a POA-R that has been altered unless it has the initials of the taxpayer (or an individual authorized to execute the Power of Attorney on the taxpayer's behalf) beside the alteration(s). Any changes will require a new POA-1 and/or subsequent POA-R.

* Required fields – if not complete, this form will be returned to sender.

Submit the form using one of these methods:

- Fax: 317-615-2605
- Mail: Indiana Department of Revenue
P.O. Box 7230
Indianapolis, IN 46207-7230