GEN 58 (SD)

8-19-24

Spouse's First Name

GEN-58 Power of Attorney and Declaration of Representative

Individual's Last Name

DOR Use Only

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

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

SSN

SSN

ID Type

ID Type

State

Individual's First Name ABCDEFGHIJKLMNOPORST

ABCDEFGHIJKLMNOPORSTUVWX Α

Primary Identification Number 999-45-6789

ABCDEFGHIJKLMNOPQRST

M.I. Spouse's Last Name Spouse Identification Number 999-45-6789

Entity Legal Name

Α ABCDEFGHIJKLMNOPQRSTUVWX

Business Identification Number ID Type FEIN 99-3456789

ABCDEFGHIJKLMNOPORSTUVWXYZABCDEFGHIJKLMNOPORSTUVW Mailing Address

M.I.

Daytime Phone Number (Include area code)

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVW

(919) 555-5555 Zip Code

27603 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTU NC

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST

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

(919) 555-5555 ABCDEFGHIJKLMNOPQRST ABCDEFGHIJKLMNOPQRSTUVWX

Mailing Address

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST

Zip Code

27603 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTU NC Fmail Address

ABCDEFGHIJKLMNOPORSTUVWXYZABCDEFGHIJKLMNOPORSTUVWXYZ

notice copies.

Check to receive available

Check to receive available

12-34-56

12-34-56

First Name Phone Number

(919) 555-5555 ABCDEFGHIJKLMNOPQRST ABCDEFGHIJKLMNOPQRSTUVWX

Mailing Address

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST

State Zip Code

27603 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTU NC

X ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZ notice copies.

Last Name Phone Number

ABCDEFGHIJKLMNOPQRST ABCDEFGHIJKLMNOPQRSTUVWX (919) 555-5555 **Mailing Address**

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST

State Zip Code

27603 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTU NC

Email Address Check to receive available ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZ notice copies.

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

911 SERVICE CHARGE PREPAID WIRELESS TELECOMM SERVICE

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 three years from December 31 of the year the power of attorney is filed with the Department. **Begin Tax Period End Tax Period**

911 SERVICE CHARGE PREPAID WIRELESS TELECOMM SERVICE 12-34-56 12-34-56

911 SERVICE CHARGE PREPAID WIRELESS TELECOMM SERVICE 12-34-56 12-34-56

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.

Check to make any specific additions or deletions from the acts authorized.



If checked, you must list them below.

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST
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ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST

representation for just you, your spouse is not required to sign. If si representative, receiver, administrator, or trustee on behalf of the tax ▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY W	payer, I certify that I have the authority to	
Signature	Date	Title (if applicable)
Print Name		
Signature (If applicable)	Date	Title (if applicable)
Driet Name		

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

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) ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABC
- ▶ IF THIS DEC<mark>LARATION OF REPRESENT</mark>ATIVE 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
A	12345678901		12-31-56
A	12345678901		12-31-56
A	12345678901		12-31-56

Upload: Scan and upload completed Form GEN-58 at ncdor.gov/poa

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

Fax: 919-715-1786