

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 ABCDEFGHIJKLMNQRST	M.I. A	Individual's Last Name ABCDEFGHIJKLMNQRSTUVWX	ID Type SSN	Primary Identification Number 999-45-6789
Spouse's First Name ABCDEFGHIJKLMNQRST	M.I. A	Spouse's Last Name ABCDEFGHIJKLMNQRSTUVWX	ID Type SSN	Spouse Identification Number 999-45-6789
Entity Legal Name ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVW			ID Type FEIN	Business Identification Number 99-3456789
Mailing Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVW			Daytime Phone Number (Include area code) (919) 555-5555	
City ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTU		State NC	Zip Code 27603	
Email Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRST				

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 ABCDEFGHIJKLMNQRST	Last Name ABCDEFGHIJKLMNQRSTUVWX	Phone Number (919) 555-5555
Mailing Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRST		
City ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTU	State NC	Zip Code 27603
Email Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZ		<input checked="" type="checkbox"/> Check to receive available notice copies.

First Name ABCDEFGHIJKLMNQRST	Last Name ABCDEFGHIJKLMNQRSTUVWX	Phone Number (919) 555-5555
Mailing Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRST		
City ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTU	State NC	Zip Code 27603
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First Name ABCDEFGHIJKLMNQRST	Last Name ABCDEFGHIJKLMNQRSTUVWX	Phone Number (919) 555-5555
Mailing Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRST		
City ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTU	State NC	Zip Code 27603
Email Address ABCDEFGHIJKLMNQRSTUVWXYZABCDEFGHIJKLMNQRSTUVWXYZ		<input checked="" type="checkbox"/> Check to receive available notice copies.

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 three years from December 31 of the year the power of attorney is filed with the Department.

Type of Tax	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
911 SERVICE CHARGE PREPAID WIRELESS TELECOMM SERVICE	12-34-56	12-34-56

