

# GEN-58R

## POWER OF ATTORNEY REVOCATION (REVISION DATE 1-24)

### CHANGES FOR THE YEAR

- Form GEN-58R was updated for 2024.
- If your company reproduced Form Gen-58R last year, your data placement for the form should match the approved trained version.
- If your company has not reproduced Form Gen-58R, then match the SD version.

#### Production Details:

<b>Submission Approval Start Date:</b>	August 30, 2024
<b>Target Date for Initial Submission:</b>	September 23, 2024
<b>Required Approval Date:</b>	October 14, 2024
<b>Form Period Date Effective:</b>	Any
<b>For Filing Periods</b>	August 2024 and later
<b>Form Placed in Software:</b>	After Approval
<b>Unchanged/Updated:</b>	Unchanged

### 3 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 SSN test sample
- 1 FEIN test sample

### BARCODE:

This form does not have a barcode.

### DO NOT:

- Reproduce the “NCDOR” Logo or Outline
- Reproduce “PRINT” and “CLEAR” buttons

### USE:

- 12-point Courier font for variable data
- All capital letters for variable data
- Correct matching line geometry
- SD version
  - Formatting on form submitted must match the formatting on the DOR Final
  - Include dashes for identification number
  - Include parenthesis for phone number
- Standardized formatting for SPID
  - SPID should be left-justified above the revision date
  - SPID should be in bold, size 11, Arial font
- Various ID numbers using prefixes of 999, 900, 000 or 666 for FEINs/SSNs

## TEST SAMPLES:

- CONFIRM REVISION DATE AND DATA/TEXT PLACEMENT MATCHES THE DOR FINAL VERSION
- A FULL FIELD SAMPLE IS NOT REQUIRED FOR FORM GEN 58R
- INCLUDE ONLY ONE ID TYPE ON EACH TEST SAMPLE
- INCLUDE ONE TEST SAMPLE FOR A TAXPAYER WITH AN SSN
- INCLUDE ONE TEST SAMPLE FOR AN ENTITY WITH A BUSINESS ID NUMBER/FEIN
- COMPLETE ALL FIELDS FOR A REPRESENTATIVE
- SELECT ONLY ONE RESPONSE TO REVOKE ALL OR SPECIFIC TAX MATTERS (NUMBER 2)
- DO NOT REPRODUCE "PRINT" OR "CLEAR" BUTTONS

PROPOSED VARIETY OF GEN 58R TEST SAMPLES		
TEST SAMPLE:	1	2
ID TYPE	SSN	FEIN
INDIVIDUAL'S FIRST NAME	Y	N
INDIVIDUAL'S M.I.	Y	N
INDIVIDUAL'S LAST NAME	Y	N
PRIMARY ID NUMBER	Y	N
ENTITY LEGAL NAME	N	Y
BUSINESS ID NUMBER	N	Y
MAILING ADDRESS	Y	Y
CITY	Y	Y
STATE	Y	Y
ZIP	Y	Y
DAYTIME PHONE NUMBER	Y	Y
EMAIL ADDRESS	Y	Y
TAX MATTERS TO REVOKE	ALL	SPECIFIC