

Department
of the
Treasury

| Transmittal Number | Date of Issue
| 13-07 | 07/01/2013

| Originating Office | Form Number
| SE:W:CAS:AM:PPM:(BMF):S | 2673C

IDRS
CORRESPONDEX

Internal
Revenue
Service

Title: Representative/Taxpayer Response

Number of Copies | Distribution to: | Former Letter
Original and 1 | 2 to TP | 2673C (Rev. 12-92)

OMB Clearance Number | Expires |
- | | IMF/BMF

Letters Considered in Revision:

A Social Security Number:
B Form:
C Form:

Dear

D Thank you for your inquiry dated .
D
E We received your dated . We
E need additional information to process your request.
E
F We received your Form 2848, Power of Attorney and Declaration of
F Representative, dated .
F
G We received your Form 8821, Tax Information Authorization, dated .
G
H We received a letter explaining that your representative
H no longer works for . If you would like to continue to
H represent you, please disregard this letter. If you don't need to
H represent you, fill out the attached revocation request and send it
H to us.
H
I A written request to revoke a Form 2848, Power of Attorney and
I Declaration of Representative, or Form 8821, Tax Information
I Authorization, must:
I
I - Identify the taxpayer
I - Identify the third party
I - Explain the specific tax matters (type of tax and tax periods)
I - Have a recent, dated signature
I
J We received correspondence from your representative, ,
J explaining that will no longer represent you. However,
J dated signature is unavailable. You should complete and return
J the Statement of Revocation at the end of this letter.

J
K Your revocation request is missing the specific tax periods or tax
K form numbers.
K
L We processed your form and recorded your representatives or
L appointees on the Centralized Authorization File (CAF) system
L as you requested.
L
M We processed your form and recorded your representatives or
M appointees on the Centralized Authorization File (CAF) system subject
M to the following restriction(s):
M
M
M
N We can only record three future tax years or periods on our CAF
N system, even though you may have requested more. However, the fact
N that we don't list them won't affect your representative's authority
N to represent you or receive confidential tax information. That
N authority will continue for the number of years or periods you asked
N for, or until you revoke it.
N
O We only recorded on the CAF system the first three representatives or
O appointees you listed on line 2 of your form. The fact that we didn't
O record certain representatives or appointees on the CAF system doesn't
O affect their authority to represent you or inspect confidential tax
O information about the tax matters listed.
O
P To process your revocation, you must request a Centralized
P Authorization File (CAF) Representative/Client Listing and submit it
P for processing. You can obtain this list by going to www.irs.gov,
P clicking on "Freedom of Information Act", then choosing "CAF Client
P Listing Request".
P
Q An unenrolled return preparer (designation "h") or registered tax
Q return preparer (designation "i") can't be authorized for future years
Q on the Centralized Authorization File.
Q
R
S We didn't record your Power of Attorney (POA) or Tax Information
S Authorization (TIA) on our Centralized Authorization File system
S because it is for a specific use. Examples of specific use include,
S but are not limited to:
S
S - Requests for private letter rulings
S - EIN applications
S - Claims filed on Form 843, Claim for Refund and Request for Abatement
S - Corporate dissolutions
S
S We'll include your POA or TIA in your case file. However, to avoid
S unnecessary delay, your representative should include a copy of your
S authorization in any future requests for tax information.
S
T As you requested, we revoked the Power of Attorney or Tax Information
T Authorization for the representative or appointee on the Centralized
T Authorization File system.
T
U To revoke an existing Power of Attorney or Tax Information

U Authorization from the Centralized Authorization File system, you must
U send one of the following:

U
U A signed and dated statement of revocation that lists for each
U recognized representative or appointee whose authority you are
U revoking:

- U - His or her name and address
- U - The applicable forms
- U - The applicable tax years

U
U OR

U A copy of the previously executed POA with recent signatures and
U signature dates with the word "REVOKE" written across the top of the
U form.

U For your convenience, we've included a withdrawal statement at the
U end of this letter.

V We sent your Power of Attorney back to your representative,
V because our records show that
V isn't eligible to practice before the
V Internal Revenue Service. If you have any questions, you should
V contact your representative.

W
X Because you designated an authorized representative or appointee
X to represent you in this matter, we are forwarding to him or her a
X copy of this letter and any enclosures.

X
Y If you have questions, call at between and .

Y
Y If you prefer, you can write to us at the address at the top of the
Y first page of this letter.

Y
Z If you have questions, call us toll free at 1-800-829- .

Z
Z If you prefer, you can write to us at the address at the top of the
Z first page of this letter.

Z
0 If you have questions, call us toll free at .

0
0 If you prefer, you can write to us at the address at the top of the
0 first page of this letter.

0
1 If you have questions, contact the office where we transferred your
1 case by calling at between and .

1
1 If you prefer, you can write to that office at the address we've
1 provided in this letter.

1
When you write, include this letter and provide in the spaces
below your telephone number with the hours we can reach you.

Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,

- Enclosures:
Copy of this letter
2 Envelope
3
4 Statement of Revocation

5 TAXPAYER STATEMENT OF REVOCATION

5
5 Taxpayer's Names: _____
5 Taxpayer Identification Number: _____
5 Tax Periods: _____ Types of Tax: _____

5 This revokes any existing power of attorney or tax information
5 authorization on file at your office for each of the following
5 representatives or appointees:

5
5
5 _____
5 Representative/Appointee #1

5
5
5 _____
5 Address (City, State, Zip)

5
5
5 _____
5 Representative/Appointee #2

5
5
5 _____
5 Address (City, State, Zip)

5
5
5 _____
5 Representative/Appointee #3

5
5
5 _____
5 Address (City, State, Zip)

5
5
5 _____
5 Representative/Appointee #4

5
5
5 _____
5 Address (City, State, Zip)

5
5
5 _____
5 Taxpayer's Signature(s) (Date)

6 REPRESENTATIVE STATEMENT OF WITHDRAWAL
6

6 Taxpayer's Names: _____
6 Taxpayer Identification Number: _____
6 Tax Periods: _____ Types of Tax: _____
6 This revokes any existing power of attorney or tax information
6 authorization on file at your office for each of the following
6 representatives or appointees:
6
6 Representative's Name * _____
6
6 Representative's CAF Number * _____
6
6 Representative's signature * _____ Date * _____
6
6 Representative's Name * _____
6
6 Representative's CAF Number: * _____
6
6 Representative's signature * _____ Date * _____
6
6 Representative's Name * _____
6
6 Representative's CAF Number: * _____
6
6 Representative's signature * _____ Date * _____
6
6 * Required Information