**For Illustrative Purposes Only**

August 22, 2019

**VIA FAX: 855-214-7519**

Internal Revenue Service

CAF Unit (MAMC)

5333 Getwell Rd

Stop 8423

Memphis, TN 38118

 **Re: TAXPAYER NAME**

Dear Sir or Madam:

 Our office no longer represents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please withdraw Power of Attorney for myself, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Please contact the taxpayer directly from this point forward.

 Very truly yours,

 YOUR NAME

Approved and Consented to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

POA 2 NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

POA 3 NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

POA 4 NAME