



Instructions for Form GEN-58

Purpose of form: Form GEN-58 is used to authorize iLIFE to discuss the Consumer's information with the North Carolina Department of Revenue.

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1. In box 1, write the following Consumer information:
 - a. Name
 - b. Address, including:
 - i. City
 - ii. State
 - iii. ZIP code
 - c. Social Security number
 - d. Daytime phone number including area code.
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2. In line 7, the Consumer signs his or her name, writes today's date and prints his or her name.
 - a. If the Consumer has a Guardian, the Guardian signs his or her name, writes today's date, prints his or her name and writes the title as "Guardian."

Sample Form GEN-58

Part 1. Power of Attorney:

GEN-58 Web-Fill 7-12	<h3 style="margin: 0;">Power of Attorney and Declaration of Representative</h3> <p style="margin: 0;">North Carolina Department of Revenue P. O. Box 25000, Raleigh, NC 27640-0005 Fax: 919-715-1786</p>				
Part 1. Power of Attorney <i>(Please type or print.)</i>					
1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 7.)					
Taxpayer name(s) and address John Doe 1234 Main Street Raleigh, NC XXXXX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Social security number(s) XXX-XX-XXXX </td> <td style="width: 50%; padding: 5px;"> Fed Employer ID Num </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> Daytime telephone number XXX-XXX-XXXX </td> </tr> </table>	Social security number(s) XXX-XX-XXXX	Fed Employer ID Num 	 	Daytime telephone number XXX-XXX-XXXX
Social security number(s) XXX-XX-XXXX	Fed Employer ID Num 				
 	Daytime telephone number XXX-XXX-XXXX				

1. Write Consumer name, address, SSN, and phone number.

Line 7 Page 2:

7 Signature of Taxpayer(s). - If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature	MM/DD/YYYY Date	Title (if applicable)
John Doe Print Name		
Signature	Date	Title (if applicable)
Print Name		

2. Consumer signs, prints name and dates. If Guardian, he or she signs, prints name, dates and writes title as "Guardian."