



POWER OF ATTORNEY (POA)

SECTION 1 - TAXPAYER INFORMATION

Name of Taxpayer (Must match the tax return)

[Text input field]

Taxpayer Identification Number

[Grid input field for TIN]

Name of Spouse (If filing jointly)

[Text input field]

Taxpayer Identification Number

[Grid input field for TIN]

Address of Taxpayer(s)

[Text input field]

Department Issued License Number

[Grid input field for License Number]

SECTION 2 - REPRESENTATIVE(S): I/We hereby appoint the following representative(s) as attorney(s)-in-fact:

Name of Representative

[Text input field]

Telephone Number

[Grid input field for Telephone Number]

Address of Representative

[Text input field]

Name of Representative

[Text input field]

Telephone Number

[Grid input field for Telephone Number]

Address of Representative

[Text input field]

Name of Representative

[Text input field]

Telephone Number

[Grid input field for Telephone Number]

Address of Representative

[Text input field]

SECTION 3 - ACTS AUTHORIZED (Must be filled out): Said attorney(s)-in-fact is authorized to represent the taxpayer(s) before the Department of Revenue Administration concerning all tax matters for the tax periods and tax types indicated below, except as otherwise indicated on Line (c) below:

Line (a): [] All tax periods or [] the following tax period(s): _____

Line (b): [] All tax types or only the following (check all that apply): [] Business Taxes [] Interest and Dividends Tax [] Meals and Rentals Tax [] Real Estate Transfer Tax [] Other _____

Line (c): If applicable, please describe any other limitations you wish to set on the above authorization:

[Large text input area for limitations]

Line (d): This power of attorney shall not revoke any prior powers of attorney you have authorized before the Department. To revoke all prior powers of attorney, check this box [] .

SECTION 4 - SIGNATURE(S)

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney.

Taxpayer Signature

[Text input field]

Print Signatory Name & Title

[Text input field]

Today's Date (MMDDYYYY)

[Grid input field for Date]

Spouse Signature (If applicable)

[Text input field]

Print Signatory Name & Title

[Text input field]

Today's Date (MMDDYYYY)

[Grid input field for Date]