



MISSOURI DEPARTMENT OF  
**REVENUE**  
Power of Attorney

Department Use Only  
(MM/DD/YY)

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Taxpayer Missouri Tax I.D. Number

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Taxpayer Federal Employer I.D. Number

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Taxpayer Social Security Number

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All appointed representatives must sign on reverse side of this form.

Taxpayer's Name or Business Name			
Spouse's Name or if a DBA, state the business name		Spouse's Social Security Number	
Street Address		Missouri Charter Number	
City	State	Zip Code	Telephone Number ( ) - -
E-mail Address			

<b>Representative(s)</b>	Name of Appointed Representative	Address
	Telephone Number ( ) -	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number ( ) -	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number ( ) -	E-mail Address
	Name of Appointed Representative	Address
Telephone Number ( ) -	E-mail Address	

<b>Tax Type(s)</b>	<input type="checkbox"/> Cigarette or Other Tobacco Products	<input type="checkbox"/> Income Tax	<input type="checkbox"/> Motor Fuel
	<input type="checkbox"/> Sales or Use	<input type="checkbox"/> Withholding	
	<input type="checkbox"/> Other _____		

<b>Year(s) and Period(s)</b>	Only select one of the following:	
	<input type="checkbox"/> All Tax Periods	<input type="checkbox"/> Tax Year or Period(s) Only _____
	<input type="checkbox"/> Range of Tax	<input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / _____
	Tax Period Beginning ____ / ____ / _____ to Tax Period Ending ____ / ____ / _____	

<b>Removal of Power</b>	<input type="checkbox"/> All other powers of attorney on file with the Department shall remain in effect, or
	<input type="checkbox"/> By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed.

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____

Declaration of Representative(s)

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

- 1. a member in good standing of the bar;
- 2. a certified public accountant duly qualified to practice;
- 3. an officer of the taxpayer organization;
- 4. a full-time employee of the taxpayer;
- 5. a fiduciary for the taxpayer;
- 6. an enrolled agent;
- 7. tax preparer, or
- 8. other authorized representative or agent

Note: All appointed representatives must sign below.

Printed Name of Representative	Signature of Representative <i>Stephanie Mendez</i>	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	

Form 2827 (Revised 04-2021)

Mail to:

(Business Tax)  
Taxation Division  
P.O. Box 357  
Jefferson City, MO 65105-0357  
Phone: (573) 751-5860  
Fax: (573) 522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

(Personal Tax)  
Taxation Division  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
Phone: (573) 751-3505  
Fax: (573) 522-1762  
E-mail: [income@dor.mo.gov](mailto:income@dor.mo.gov)

(Motor Fuel Tax)  
Taxation Division  
P.O. Box 300  
Jefferson City, MO 65105-0300  
Phone: (573) 751-2611  
Fax: (573) 522-1720  
E-mail: [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

(Cigarette or Other Tobacco Products Tax)  
Taxation Division  
P.O. Box 811  
Jefferson City, MO 65105-0811  
Phone: (573) 751-7163  
Fax: (573) 522-1720  
E-mail: [excise@dor.mo.gov](mailto:excise@dor.mo.gov)



If this is being submitted in response to an audit, please fax to (573) 522-6922.

Visit <https://dor.mo.gov/> for additional information.



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