Power of Attorney and Declaration of Representative

Rev. 1/21

1.	Taxpayer Info	ormation (Provide inforr	mation for onl	y one taxpayer pe	er form)	
	Name			Identification number(s)		
	Address			Daytime telephone number(s) Fax number		
	City		State	ZIP Code	Email address	
2.	Representative(s)					
	hereby appoint the following representative(s) as attorney(s)-in-fact: (attach additional pages if needed)					
	Name and address				Telephone:	
					Fax number:	
				Email:		
	Name and address				Telephone:	
				Fax number:		
				Email:		
	Tax Type	Social Security/Accoun	T Number	Year(s) or Pe	riod(s) Appeal Number(
4.	Acts NOT Authorized (Check only the boxes of those acts for which authority is NOT given) My representative(s) is NOT authorized to perform the following acts which would otherwise be authorized: Sign returns Negotiate agreements Reallocate payments between tax types/periods Represent me in adjudicative proceedings before the Commission					
	□ Facilitate audits □ Other:					
5.	Authorized Signature Unless you check the box below, filing this power-of-attorney will revoke all earlier power(s)-of-attorney on file with the Tax Commissio for the same matters and years/periods covered in this document.					
	☐ Check this box if you do not wish to revoke all prior power(s)-of-attorney.					
	Taxpayer signature			Print name		Date
	If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this					
	Agent Agent					
	Representative signatu			Title		Date