

RV-071  
Revised 08/08

## Power of Attorney

South Dakota Department of Revenue  
445 E. Capitol Ave | Pierre, SD 57501-3185 | 1-800-TAX-9188

**Please fill out this form if you have an accounting firm or reporting service compile your tax applications and returns for you.**

Licensee's are required to file returns/application and pay taxes/fees as they are owed. They are also required to accept and respond to various types of official communications with the Department of Revenue.

If a licensee prefers an Accounting or Reporting firm to fulfill these responsibilities this authorization form is to be completed. This is a privilege extended to the licensee which requires special handling by the department, therefore, such action will not be considered unless this form is properly completed and placed on file with the Department. However, the completion of this form does not relieve the licensee of the legal obligations associated with a particular license. The licensee is ultimately responsible for the payment of the tax/fee as well as all acts and omissions of the stated Accounting or Reporting firm.

### Power of Attorney

KNOW ALL MEN BY THE PRESENT, that the undersigned principal and licensee has made and appointed, and does hereby make and appoint (Firm's Name) \_\_\_\_\_

Or agents or employees, with the offices at (Mailing Address) \_\_\_\_\_  
\_\_\_\_\_ (Phone Number) \_\_\_\_\_

to act as Attorney-in-Fact for the undersigned, who makes this appointment either personally or in an authorized representative capacity on behalf of a principal partnership, corporation, or other entity; this power of attorney shall be limited to the following specific purposes involving the South Dakota license(s) indicated:

To prepare, sign and file applications with the Department of Revenue.

To prepare, sign and file with the Department of Revenue periodic tax returns or reports as required by South Dakota law.

To collect refunds owed to the principal by the State of South Dakota.

To take legal notice of all delinquencies, cancellation listings and official mailings prepared and sent by the Department of Revenue.

To take legal notice of all tax rate/fee changes.

To preserve all records required to be kept by the principal for the statutory period of time.

To respond to communications when such responses are requested by the Department of Revenue.

To take legal notice of all Notices of Intent to Audit.

To present to officials of the Department of Revenue all records requested to be inspected.

To cooperate and assist all officials of the Department of Revenue while they are conducting all audits.

To take legal notice of all Certificates of Assessment.

The Power of Attorney shall be effective upon receipt thereof by the Department of Revenue and shall continue until cancelled by filing with the department an instrument properly executed and reciting such cancellation.

**IN WITNESS WHERE OF, the undersigned has caused these present to be execute, for benefit of the principal name below.**

Please check the following licenses which you hold or are applying for:

**Business Tax License(s)**

**Tax License Number(s) if previously assigned**

\_\_\_\_\_ Sales/Use Tax License

\_\_\_\_\_

\_\_\_\_\_ Manufacturers License

\_\_\_\_\_

\_\_\_\_\_ Wholesalers License

\_\_\_\_\_

\_\_\_\_\_ Contractors' Excise Tax License

\_\_\_\_\_

**Special Licenses**

\_\_\_\_\_ Alcohol Wholesalers License

\_\_\_\_\_

\_\_\_\_\_ Tobacco Distributor License

\_\_\_\_\_

Accounting or Reporting Firm By:

Principle and Licensee By:

\_\_\_\_\_ Company Name

\_\_\_\_\_ Company Name

\_\_\_\_\_ FEIN or SS#

\_\_\_\_\_ FEIN or SS#

\_\_\_\_\_ Signature of Owner/Legal Rep.

\_\_\_\_\_ Signature of Owner/Legal Rep.

\_\_\_\_\_ Title

\_\_\_\_\_ Title

\_\_\_\_\_ Address-Mailing

\_\_\_\_\_ Address-Mailing

\_\_\_\_\_ City/State

\_\_\_\_\_ City/State

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Phone Number

State of:

County of:

On this \_\_\_\_\_ day of \_\_\_\_\_, before the undersigned, a Notary of the Public for the State of \_\_\_\_\_ personally appeared \_\_\_\_\_ known to be the person whose name is subscribed to the within instrument, and acknowledge to me that he executed the same in capacity as shown.

IN WITNESS WHEREOF, I have set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, this certificate above written.

\_\_\_\_\_ Notary Public

My commission expires: \_\_\_\_\_