



This power-of-attorney authorizes your agent(s) to receive and inspect your confidential tax information and perform any acts that you can, unless limited below. This power does not include the power to receive funds, substitute or appoint another agent, or disclose confidential tax information to parties other than the Tax Commission. The taxpayer's signature must be notarized for this document to be valid.

This power-of-attorney will revoke any prior power(s)-of-attorneys on file with the Tax Commission.

Check this box if you do NOT wish to revoke prior power(s)-of-attorney: ☐

Taxpayer/Account Information

Provide information for only one taxpayer or account per form.

Name		Identification number(s)	
Address	City	State	ZIP Code
Email address	Daytime telephone number(s)	Fax number	

Agent(s)

Attach additional pages in this format if needed.

I hereby appoint the following agent(s) as attorney(s)-in-fact:

Name	Email	Phone	Fax
▶			
Address	City	State	ZIP Code

Name	Email	Phone	Fax
▶			
Address	City	State	ZIP Code

→ If submitting this form on behalf of an organization, you must enter the name of every person authorized to act as agent.

Authorization

I authorize my agent(s) only in regard to the tax matters listed below. If left blank, I authorize my agent(s) to represent me in all tax matters.

Tax Type	Social Security/Account Number	Year(s) or Period(s)	Appeal Number(s)

Acts NOT Authorized

I do NOT authorize my agent(s) to perform the following acts:

- | | |
|---|--|
| ☐ Sign returns | ☐ Reallocate payments between tax types/periods |
| ☐ Amend returns | ☐ Represent me in Commission proceedings |
| ☐ Negotiate agreements | ☐ Sign agreements/consents/similar documents |
| ☐ Facilitate audits | ☐ Other: <input type="text"/> |

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Signature and Acknowledgment

Taxpayer signature	Print name	Date
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The taxpayer's signature must be notarized below.

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

Agent signature	Title	Date
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State of:

§

County of:

On this Date day of Month, in the year Year, before me,

Name of notary public, personally appeared Name of document signer,

proved to me through satisfactory evidence of identification, which was Form of identification, to be the person whose name is signed on the preceding or attached document in my presence.

(Notary's Official Seal)

Notary Signature



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