

# State Department of Revenue

## Power of Attorney and Declaration of Representative

Use this form to authorize an individual to represent you before the Department of Revenue.

### 1. Taxpayer Information

Taxpayer Name (Individual or Business):

Social Security Number (SSN) or Federal Employer ID Number (FEIN):

Street Address:

City, State, and ZIP Code:

Telephone Number:

### 2. Representative Information

Representative Name:

Firm Name (if applicable):

Mailing Address:

City, State, and ZIP Code:

Telephone Number:

Email Address:

### 3. Tax Matters Authorized

The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that the taxpayer can perform with respect to the tax matters listed below:

Type of Tax (e.g., Income, Sales, Corporate):

Tax Year(s) or Period(s):

Type of Tax (Optional):

Tax Year(s) or Period(s) (Optional):

### 4. Declaration and Signatures

By signing below, the taxpayer authorizes the designated representative(s) to act on their behalf as described above.

**Taxpayer Signature:**

Print Name of Taxpayer or Authorized Officer:

Title (if signing for a business):

Date (MM/DD/YYYY):

**Representative Declaration and Signature:**

Declaration / Professional Title (e.g., Attorney, CPA):

Print Name of Representative:

Date (MM/DD/YYYY):