

Limited Power of Attorney for Tax Matters

Instructions: Complete this form to authorize an individual to represent you before taxing authorities for specific tax matters. This form is designed to be filled out and printed.

1. Taxpayer Information

Individual Name / Business Name:

Social Security Number (SSN) or Employer Identification Number (EIN):

Street Address:

City, State, and ZIP Code:

Telephone Number:

2. Representative Appointed

The taxpayer hereby appoints the following individual as attorney-in-fact:

Representative Name:

Firm Name (if applicable):

Street Address:

City, State, and ZIP Code:

Telephone Number:

CAF Number (if known):

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 described below:

Type of Tax (Income, Sales, Employment, etc.)	Tax Form Number (e.g., 1040, 941)	Year(s) or Period(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Specific Limitations

This power of attorney is limited to the tax matters listed in Section 3 above. Describe any additional limitations or specific acts NOT authorized

under this power of attorney (e.g., signing returns, delegating authority):

5. Signature of Taxpayer

If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ Date:

Print Name of Signatory: Title (if corporate officer/partner):

6. Declaration and Signature of Representative

Under penalties of perjury, I declare that I am authorized to represent the taxpayer(s) identified in Section 1 for the tax matter(s) specified herein.

Representative Designation (e.g., Attorney, CPA, Enrolled Agent):

Representative Signature: _____ Date: