

Business Tax Power of Attorney

Use this form to authorize an individual to represent your business entity before taxing authorities, including receiving and inspecting confidential tax information and performing specific acts on behalf of the business.

1. Taxpayer Information (Business Entity)

Legal Business Name:

Trade Name / DBA (if applicable):

Employer Identification Number (EIN):

Business Address:

City, State, ZIP Code:

Telephone Number: Email Address:

2. Representative Information (Appointee)

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

Representative Name:

Firm Name (if applicable):

Address:

City, State, ZIP Code:

Telephone Number: CAF Number (if known):

3. Tax Matters Authorized

The representative is authorized to represent the taxpayer for the following tax matters (specify Tax Type, Form Number, and Years/Periods):

Type of Tax (e.g., Corporate Income, Sales, Employment)	Tax Form Number	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. Acts 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 above. This includes the authority to sign any agreements, consents, or other documents. List any specific limitations to these authorized acts below:

5. Revocation of Prior Power of Attorney

By signing this power of attorney, the taxpayer revokes all earlier powers of attorney on file with the taxing authority for the same tax matters and periods covered by this document, unless specifically listed below:

6. Signature of Taxpayer (Authorized Officer)

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.

Signature of Authorized Officer: Date:

Printed Name: Title:

7. Declaration of Representative

Under penalties of perjury, I declare that I am authorized to represent the taxpayer identified in Section 1 for the tax matter(s) specified in Section 3.

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

Licensing Jurisdiction/State: License Number:

Signature of Representative: Date: