



**INCOME TAX DEPARTMENT POWER OF ATTORNEY AUTHORIZATION**

**PART 1: TAXPAYER INFORMATION**

Taxpayer's Name and Address (include spouse's name if joint return)	Taxpayer SSN	Spouse SSN
	If a business, enter DBA, trade or assumed name	
	Telephone Number	Fax Number
	E-mail Address	

**PART 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES**

Representative's Name and Address	Contact Name (if applicable)	E-mail Address
	Telephone Number	Fax Number
	Beginning Authorization Date	Ending Authorization Date*

**PART 3: TYPE OF AUTHORIZATION**

**GENERAL AUTHORIZATION**  
 Authorizes my representative to: (1) inspect or receive confidential information; (2) represent me and make oral or written presentations of fact and argument; (3) sign returns; (4) enter into agreements; (5) receive mail (includes forms, billings and payment notices). This authorization applies to all tax matters for all tax years or periods.

**LIMITED AUTHORIZATION**  
 Select the type of authorization by checking the appropriate boxes.

All Tax Matters      Only as Specified Below

- 1. Inspect or receive confidential information.....
- 2. Represent me and make oral or written presentations of fact and argument...
- 3. Sign returns.....
- 4. Enter into agreements.....
- 5. Receive mail (includes forms, billings and payment notices).....

Type of Income Tax	Tax Form or Invoice Number	Tax Year(s) or Period(s)

**PART 4: CHANGE IN POWER OF ATTORNEY REPRESENTATION OR REVOCATION**

**CHANGE IN POWER OF ATTORNEY REPRESENTATION:** This form replaces all earlier Powers of Attorney, except those attached, on file for the same tax matters and years or periods covered by this Power of Attorney.

**REVOKE PREVIOUS AUTHORIZATION:** I revoke all Powers of Attorney submitted and will represent myself in all tax matters. Attach copies of all Powers of Attorney that will remain in effect concurrent with this new authorization.

**PART 5: TAXPAYER'S SIGNATURE'S**

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

Signature	Name or Title Typed or Printed	Date
Spouse's Signature	Name or Title Typed or Printed	Date

\* If no ending authorization date is provided, the above-named representative will be authorized to represent you until you notify the Income Tax Department in writing that this Power of Attorney is revoked.