**MULTISTATE POWER OF ATTORNEY FORM – ADDENDUM A**

OPTIONAL BAR CODE

**RESET FORM**

**SUBMIT FORM**

**PRINT FORM**

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**Additional Filers**

*List any additional entities which you would like to cover within Form Multistate POA. The taxpayer signature must be completed by an individual authorized to sign on behalf of each entity listed. All additional filing entities must be related to the entity listed in the Multistate POA Form to be represented.*

**Taxpayer Signature**

**Additional Taxpayer/Filer**

|  |  |  |
| --- | --- | --- |
| Name:  | Taxpayer Type (Individual/Pship/Corp.): | FEIN, SSN or ITIN: |
|  |  |  |
| Address (suite, room, PO Box, or PMB no.):  | Telephone Number: | Fax Number: | Email: |
|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
|  |  |  |

*I declare under penalty of perjury of the laws of each of the states that this Form covers that I am the taxpayer or authorized to sign on behalf of the taxpayer(s) listed on this Form. By signing this Form, I understand I am granting the authorized representative(s) authority to perform all acts listed on this Form for a period of up to* ***FIVE YEARS****. “This Form will be valid for all open years and up to five years after the date of signature. If the “Authorize All Tax Periods” option was selected, this Form will cover the 5 years immediately following the date of signature. If a specific period was authorized, and the period exceeds five years, the taxpayer will have to file an additional Multistate POA Form after the date of expiration to continue representing the taxpayer.”*

|  |  |
| --- | --- |
| Print Name: | Title (required for business entities):  |
|  |  |
| Signature: | Date: |
|  |  |

**Additional Taxpayer/Filer**

**Taxpayer Signature**

|  |  |  |
| --- | --- | --- |
| Name:  | Taxpayer Type (Individual/Pship/Corp.): | FEIN, SSN or ITIN: |
|  |  |  |
| Address (suite, room, PO Box, or PMB no.):  | Telephone Number: | Fax Number: | Email: |
|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
|  |  |  |

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|  |  |
| --- | --- |
| Print Name: | Title (required for business entities):  |
|  |  |
| Signature: | Date: |
|  |  |

**Additional Taxpayer/Filer**

**Taxpayer Signature**

|  |  |  |
| --- | --- | --- |
| Name:  | Taxpayer Type (Individual/Pship/Corp.): | FEIN, SSN or ITIN: |
|  |  |  |
| Address (suite, room, PO Box, or PMB no.):  | Telephone Number: | Fax Number: | Email: |
|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
|  |  |  |

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|  |  |
| --- | --- |
| Print Name: | Title (required for business entities):  |
|  |  |
| Signature: | Date: |
|  |  |

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