**ADDENDUM B TO FORM U- POA**

**RESET FORM**

**SUBMIT FORM**

**PRINT FORM**

 **UNIVERSAL POWER OF ATTORNEY DECLARATION**

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**Additional Filers**

*List any additional entities which you would like to cover within Form MTC-POA. The taxpayer signature must be completed by an individual authorized to sign on behalf of each entity listed.*

**Additional Filers**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Initial: | Last Name: | FEIN, SSN or ITIN: |
|  |  |  |  |
| Address (suite, room, PO Box, or PMB no.): Check if new address□ | Telephone Number: | Fax Number: | Taxpayer Type (Individual/Partnership/Corporation/LLC/Other): |
|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
|  |  |  |

**Additional Filers**

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| --- | --- | --- | --- |
| Name:  | Initial: | Last Name: | FEIN, SSN or ITIN: |
|  |  |  |  |
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|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
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|  | ( ) - | ( ) - |  |
| City:  | State: | Zip Code: |
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**Additional Filers**

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| City:  | State: | Zip Code: |
|  |  |  |

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