

**ADDENDUM B TO FORM U- POA
UNIVERSAL POWER OF ATTORNEY DECLARATION**

SUBMIT FORM

PRINT FORM

RESET FORM

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 <input type="checkbox"/>	Telephone Number:		Fax Number:		Taxpayer Type (Individual/Partnership/Corporation/LLC/Other):
	() -		() -		
City:			State:	Zip Code:	

Additional Filers

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

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City:			State:	Zip Code:	