

FORM U-POA
UNIVERSAL POWER OF ATTORNEY DECLARATION

SUBMIT FORM

PRINT FORM

RESET FORM

Part 1 – Taxpayer Information *Complete Addendum B if you would like this Form to cover more than one entity.*

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:	

Part 2 – Representative/Appointee Information

Primary Representative

Name:	Initial:	Last Name:	Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:
Address (suite, room, PO Box, or PMB no.):	Telephone Number:	Fax Number:	
	() -	() -	
City:	State:	Zip Code:	
Email address:			

Additional Representative(s)/Appointee(s)

Name:	Initial:	Last Name:	Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:
Address (suite, room, PO Box, or PMB no.):	Telephone Number:	Fax Number:	
	() -	() -	
City:	State:	Zip Code:	
Email address:			

Part 3 – Tax Matters *Click below to indicate the appropriate tax.*

Tax Type

All State Taxes Personal Income Tax Corporate Income Tax Sales/Use Tax Excise Taxes Other: _____

Type of Return or Tax Form

Return or Tax Form Type (Individual, Corporate, Sales):	Return or Tax Form Number:	Tax Years at Issue:

Part 4 – Authorization for All Years or Specific Periods

You must select one of the items below or state the specific date periods.

*If you authorize "all years" and "specific periods," the specific period privilege prevails. If you would like to limit the periods for which the representative(s) in Part 2 and Addendum A may represent you, indicate that below. If you would like to limit the authority of such individual(s), indicate that in Part 5. If you expect to use this POA in **Utah**, please list specific periods and do not select "Authorize All Years."*

Authorize All Years Authorize Specific Periods Specific Period Start Date Specific Period End Date

Part 5 – Acts Authorized

Your signature authorizes representative(s) in Part 2 and Addendum A to perform any and all acts that the taxpayer can perform with regard to tax matters for the tax year(s) or period(s) specified in Part 4, including, but not limited to, the right to disclose to third parties, substitute or add representative(s), sign a return and represent the taxpayer unless the authorized acts are limited by selecting the "Grant Specific Authorization." See instructions for additional information. If you check the "Send a Copy of All Notices to Representative" box, a copy of all notices will be sent to the representatives listed in Part 2.

Grant Full Authorization Grant Specific Authorization Send a Copy of All Notices to Representative

List any specific additions or deletions to the acts otherwise authorized by this Form.

Part 6 – Revocation of Prior Power(s) of Attorney

This section will simply either revoke prior powers of attorney you've had filed in the past or it will allow you to retain prior powers of attorney.

Retain Previous Powers of Attorney Revoke Previous Powers of Attorney

UNIVERSAL POWER OF ATTORNEY DECLARATION

Part 7 – Taxpayer Signature

Your signature authorizes representative(s) in Part 2 and Addendum A to contact and request information from state tax agency representatives about your account, receive your confidential information, discuss your confidential information with state tax agency representatives and represent you in all matters related to the taxes selected in Part 3, for the tax periods selected in Part 4 unless otherwise restricted in Part 5.

The authority granted to the representative(s) in this Form will generally expire **SEVEN YEARS** from the date this form is signed, or on the date that a POA declaration is revoked, whichever occurs first. This Form will become void if a valid signature is not executed.

I declare under penalty of perjury under the laws of each of the states that this Form covers that I am the taxpayer or a corporate officer, general partner, authorized managing member, or tax matter partner on behalf of the taxpayer in Part 1, and that I have the authority to sign on behalf of the taxpayer listed in Part 1.

I understand that this Form will be rejected if not signed and dated by an authorized individual. By signing this Form, I understand I am granting the authorized representative(s) authority to perform all acts listed in Part 5.

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

Part 8 – Representative/Appointee Signature

I declare that I am one of the following:

1. an attorney in good standing with the bar of the jurisdiction listed below;
2. duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
3. a bona fide officer of a taxpayer organization;
4. a full time employee of the taxpayer;
5. a fiduciary for the taxpayer; and/or
6. other (specify).

Designation (Insert number from list above):	Jurisdiction:	Signature:	Date:

Part 9 – Witness Signature

If the power of attorney is granted to a person other than an attorney, certified public accountant, or enrolled agent, the taxpayer’s signature must be witnessed or notarized below.

The person signing as or for the taxpayer appeared this day before a witness or notary public, and acknowledged this power of attorney as a voluntary act and deed.

Witness Signature:	Date:
--------------------	-------

Notary Seal (if applicable):