**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 MTC-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 Power of Attorney Form to be represented.*

**Taxpayer Signature**

**Additional Taxpayer/Filer**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |
|  | | | | |  | |  |

*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* ***SEVEN YEARS*** *unless otherwise provided.*

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

**Additional Taxpayer/Filer**

**Taxpayer Signature**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |
|  | | | | |  | |  |

*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* ***SEVEN YEARS*** *unless otherwise provided.*

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

**Additional Taxpayer/Filer**

**Taxpayer Signature**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |
|  | | | | |  | |  |

*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* ***SEVEN YEARS*** *unless otherwise provided.*

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

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