**MULTISTATE POWER OF ATTORNEY FORM**

OPTIONAL BAR CODE

**RESET FORM**

**PRINT FORM**

**SUBMIT FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Complete Addendum A if you would like this Form to cover more than one filer or related entity.*

**Part 1 – Taxpayer Information**

**Part 2 – Representative/Appointee Information**

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

*Complete Addendum B if you would like to add additional representatives/appointees.*

**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** |

**Tax Type**

All State Taxes

Personal Income Tax

Corporate Income Tax

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Excise Taxes

Sales/Use Tax

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

**Part 4 – Authorization for All Years or Specific Periods**

Specific Period End Date

Specific Period Start Date

Authorize Specific Periods

Authorize All Years

**Part 5 – Acts Authorized**

*Your signature authorizes representative(s) in Part 2 and Addendum B 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 (except for receiving cash or refund checks on behalf of the taxpayer).*

Send a Copy of All Notices to Representative

Grant Specific Authorization

Grant Full Authorization

*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.*

Revoke Previous Powers of Attorney

Revoke Attached Powers of Attorney

Retain Previous Powers of Attorney

**Part 7 – Taxpayer Signature**

*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.*

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

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**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;*
6. *an enrolled agent; and/or*
7. *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.*

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|  |  |
| --- | --- |
| Witness Signature: | Date: |
|  |  |
| Notary Seal (if applicable): |
|  |