**MULTISTATE POWER OF ATTORNEY FORM**

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

*Complete Addendum A to add more than one filer or related entities.*

**Part 1 – Taxpayer Information**

**Part 2 – Representative/Appointee Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | Taxpayer Type (Individual/Partnership/Corp./etc.): | | | FEIN, SSN or ITIN: | |
|  | |  | | |  | |
| Address (suite, room, PO Box, or PMB no.): | Telephone Number: | | Fax Number: | Email: | | |
|  | ( ) - | | ( ) - |  | | |
| City: | | | | | State: | Zip Code: |
|  | | | | |  |  |

*Complete Addendum B to add additional representatives/appointees.*

*Check this box to send copies of notices to this representative.*

**Primary Representative**

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

*Check this box to send copies of notices to this representative.*

**Additional Representative(s)/Appointee(s)**

|  |  |  |
| --- | --- | --- |
| 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

*You must select at least one of the boxes below. See instructions for more information.*

Withholding Tax

Sales/Use Tax

Other:

Corporate/Business Income Tax

Personal Income Tax

*You must specify the tax period(s) being authorized. See instructions for default.*

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

Authorize Specific Periods:

Authorize All Periods

**Part 5 – Acts Authorized**

*You must select one of the boxes below. See instructions for default.*

*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). See instructions for default.*

Grant Specific Authorization

Allow representative to discuss taxpayer’s confidential information only

Grant Full Authorization

*If you selected “Grant Specific Authorization,” please describe the authorization you would like to grant below. See instructions for more information.*

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

*You must select one of the boxes below. See instructions for default.*

*This section applies to Multistate POAs* ***only*** *and will not revoke any state-specific POAs on file. See instructions to revoke state-specific POAs.*

Revoke Previous 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 in any state to which this form is submitted. This Form will be valid for all open years and up to **FIVE YEARS** after the date of signature unless a specific period is authorized.

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

**Multistate POA—Page 2: Required only for certain states. *See instructions*.**

**Part 8 – Representative/Appointee Signature**

*Under penalty of perjury, 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. See instructions to determine whether one or two witness signatures are required.*

*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): | |
|  | |

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