

MULTISTATE POWER OF ATTORNEY FORM – ADDENDUM A

Additional Filers

List any additional entities which you would like to cover with this Multistate POA. The taxpayer signature must be completed by an individual authorized to sign on behalf of each entity listed. Any additional entities must be related to the entity listed in the Multistate POA Form to be represented.

Additional Taxpayer/Filer

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:

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:

Additional Taxpayer/Filer

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:

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:

Additional Taxpayer/Filer

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:

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: