

# MULTISTATE POWER OF ATTORNEY FORM

## Part 1 – Taxpayer Information *Complete Addendum A to add more than one filer or related entities.*

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:

## Part 2 – Representative/Appointee Information *Complete Addendum B to add additional representatives/appointees.*

### Primary Representative *Check this box to send copies of notices to this 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:					

### Additional Representative(s)/Appointee(s) *Check this box to send copies of notices to this 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:					

## Part 3 – Tax Matters

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

All State Taxes  Personal Income Tax  Corporate/Business Income Tax  Sales/Use Tax  Withholding Tax  Other:

## Part 4 – Authorization for All or Specific Tax Periods *You must specify the tax period(s) being authorized. See instructions for default.*

Authorize All Periods  Authorize Specific 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 Full Authorization  Allow representative to discuss taxpayer's confidential information only  Grant Specific 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.*

Retain Previous Powers of Attorney  Revoke 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:

**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):	