

# Tax Filing Power of Attorney Form

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## 1. Taxpayer Information

Name

---

Taxpayer Identification Number

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Address

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City

---

State

---

ZIP Code

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## 2. Representative Information

Name

---

Firm/Company

---

Address

---

City

---

State

---

ZIP Code

---

Phone

---

Email

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### **3. Tax Matters**

Tax Type(s)

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Years or Periods

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### **4. Acts Authorized**

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### **5. Revocation of Prior POA**

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### **6. Signature and Declaration**

Taxpayer Signature

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Date

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Representative Signature

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Date

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