

# Tax Filing Power of Attorney

## 1. Taxpayer Information

Full Name

Social Security Number / Tax ID

Address

City

State

ZIP Code

## 2. Appointed Representative

Full Name

Firm or Organization (if applicable)

Address

City

State

**ZIP Code**

**Phone Number**

### 3. Tax Matters

**Type of Tax**

**Tax Form Number(s)**

**Tax Year(s) or Period(s)**

### 4. Authorization

**Scope of Authority Granted**

### 5. Signature

**Taxpayer Signature**

**Date**

**Printed Name**

**Title (if applicable)**

