

Limited Power of Attorney/Agent Authorization

AGENT INFORMATION

Company: Contact Name:
Phone: Contact Email :
Address: Contact Fax :

TAXPAYER INFORMATION

Federal Tax ID:
State:
State Tax ID:

TAXPAYER LEGAL NAME (Including spaces, ampersands, and hyphens. Do not use any other punctuation.)

DBA NAME (Including spaces, ampersands, and hyphens. Do not use any other punctuation.)

PHONE NUMBER

BUSINESS ADDRESS (number, street, and room or suite no)

CITY or TOWN

STATE

ZIP CODE

MAILING ADDRESS (number, street, and room or suite no)

CITY or TOWN

STATE

ZIP CODE

_____ is hereby appointed Limited Power of Attorney/Agent and granted the authority to sign and file Sales and Use Tax returns and make deposits by the method allowed or required by the taxing jurisdiction for the above stated Taxpayer to state and, if authorized, local jurisdictions. The above named Agent, through its officers and employees, is authorized as an Agent of the Taxpayer to receive, including confidential taxpayer information, and respond to notices, correspondence, transcripts, deposit frequency data, information requests with respect to Sales and Use Tax returns filed and deposits made by the Agent including information from the State or local jurisdictions on the reason for a notice or other information needed to resolve notices with respect to these returns and deposits.

This authorization shall include the appropriate state and local forms beginning with the tax period indicated and remaining in effect through subsequent periods until the Taxpayer notifies the taxing jurisdiction that this authorization is terminated or revoked. If the Taxpayer is required to file a return electronically or to submit payments electronically, the Agent is required to file the return and submit the payment electronically for the Taxpayer. If the Taxpayer is not required to file or pay electronically, the Agent may file or make payments on the Taxpayer's behalf by any method allowed by the taxing jurisdiction.

The execution of this document revokes the following existing Agent Authorizations:

Authorization of Agent to Sign and File Returns

The Agent is authorized to sign and file returns and make payments for the period beginning:

Once this authority is granted, it is effective until revoked by the Taxpayer or the Agent.

Authorization of Agent to Make Deposits and Payments

The Agent is authorized to make payments for the period beginning:

Once this authority is granted, it is effective until revoked by the Taxpayer or the Agent.

Authorization Agreement

The Agent named above is authorized to sign and file returns indicated, beginning with the period indicated above. The Agent named above is authorized to make payments beginning with the period indicated above. The authorization granted in this document remains in effect until revoked by the Taxpayer or the Agent. I am authorizing the affected tax jurisdiction to disclose otherwise confidential tax information to the Agent relating to the authority granted in this document.

Authorized Signature

I certify, under penalty of perjury, that I am the taxpayer or that I am a corporate officer, LLC member, general partner, tax manager or similar employee authorized to act on tax matters, and that I have the authority to execute this form on behalf of the taxpayer. (All fields are **required**)

Name

Title

Signature

Date

Phone Number