



Limited Power of Attorney/Agent Authorization

100 Majestic Drive, Suite 400 ♦ Westby, WI 54667

Agent Information

Company _____
Address _____
Contact email _____

Contact name _____
Contact phone _____
Contact fax _____

Taxpayer Information

Federal tax ID _____
State (see page 2 if for multiple states) _____
State tax ID _____

Taxpayer legal name (include spaces, ampersands, and hyphens. Do not use any other punctuation.) _____

DBA name (include spaces, ampersands, and hyphens. Do not use any other punctuation.) _____ Phone _____

Business address (number, street, and room or suite no.) _____ City or town _____ State _____ Zip _____

Mailing address (number, street, and room or suite no.) _____ City or town _____ State _____ Zip _____

_____ is hereby appointed Limited Power of Attorney/Agent and granted the authority to:

- **Sign and file** Sales and Use Tax returns;
- **Make deposits and payments** by the method allowed or required by the taxing jurisdiction for the above stated taxpayer to the state and, if authorized, local jurisdictions;
- **Receive and discuss information** (including confidential tax information), notices, correspondence, transcripts, deposit frequency data and information requests with respect to Sales and Use Tax returns filed and deposits or payments, including information from the State or local jurisdictions on the reason for a notice or other information needed to resolve issues with 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 or the Agent 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:

This authorization is valid for the following time periods (once authorized, it is effective until revoked by the Taxpayer or Agent):

- Sign and file returns for the period beginning: _____
- Make deposits and payments for the period beginning: _____
- Receive and discuss information, including confidential tax information relating to the returns and payments for the above periods beginning: _____

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 deposits and 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 _____ Phone _____
Signature _____ Date _____

**Limited Power of Attorney/Agent Authorization
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STATE	STATE ID #
Alabama	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
District of Columbia	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Nebraska	
Nevada	
New Jersey	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	