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Streamlined Sales Tax Governing Board, Inc.

100 Majestic Drive, Suite 400 • Westby, WI 54667

Limited Power of Attorney/ Agent Authorization

Agent Information

Company

Contact name

Address

Contact phone

Contact email

Contact fax

Taxpayer Information

Federal tax ID

Select State

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

Select State

State

Zip

Mailing address (number, street, and room or suite no.)

City or town

Select State

State

Zip

Company Name **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 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 (continued)

Taxpayer legal name:
Agent company name:

List of States for Whom Authority is Granted

List each state and the state ID# for each state for whom this authority is granted.

STATE	STATE ID #