

# Idaho State Tax Commission Power of Attorney

## 1. TAXPAYER/GRANTOR INFORMATION

*Taxpayer/Grantor's last name or Company's name	*Taxpayer/Grantor's first name/middle initial	*Taxpayer/Grantor's SSN or EIN
*Spouse's last name	*Spouse's first name/middle initial	*Spouse's SSN
*Address		Daytime telephone number
*City, State, Zip		Email address

## 2. REPRESENTATIVE(S) - For multiple representatives, attach additional sheets.

*Name	PTIN, EIN or SSN
*Firm or company's legal name	Telephone number
*Address	Fax number
*City, State, Zip	Email address

Check here if you **don't** want the representative to receive copies of notices and communications:

## 3. TAX MATTERS APPROVED FOR REPRESENTATION

The above representative is hereby appointed as attorney-in-fact to represent the taxpayer/grantor(s) before the Idaho State Tax Commission for the following tax or fee matter(s). You must identify the tax or fee type, permit number (if applicable), and specific periods/years.

*Tax or Fee Types	*State Tax/Fee Permit Number (Required if applicable)	*Periods/Years (Must include beginning and ending date)
<input type="checkbox"/> Individual income tax <input type="checkbox"/> Business income tax		
<input type="checkbox"/> Sales & use tax		
<input type="checkbox"/> Income tax withholding		
<input type="checkbox"/> Other tax/fee (specify) _____		

## 4. ACTIONS AUTHORIZED

The representative(s) are generally authorized to receive and inspect confidential tax or fee information and records, perform any and all actions that the taxpayer/grantor(s) named above can perform with respect to the specified tax or fee matters listed. The authority **doesn't** include the power to receive refund checks.

Added or deleted actions - List any specific additions or deletions to the actions otherwise authorized in this Power of Attorney:

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## 5. REVOCATION/EXPIRATION

The filing of this Power of Attorney (POA) automatically revokes all prior POAs on file with the Idaho State Tax Commission for the same matters and years authorized in this document.

Check here if you **don't** want to revoke prior POA(s):       Expiration date (optional): \_\_\_\_\_

## 6. SIGNATURE OF TAXPAYER/GRANTOR(S)

All parties identified in Section 1 **MUST** sign.

If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer/grantor: I certify that I have the authority to execute this form.

*Name	Title (If applicable)	Date
*Name	Title (If applicable)	Date

**\* Required Information.    This form is valid only if all information is complete. An incomplete form will be returned to you.**