

TENNESSEE DEPARTMENT OF REVENUE POWER OF ATTORNEY

PART 1 Power of Attorney (Please type or print.)			
1. Taxpayer Information (Taxpayer must sign and date	this forn	n on line 6.)	
Taxpayer name and address		Account	number(s)
		Daytime tele	phone number
	()		
hereby appoints the following representative as attorney-in	n-fact:		
2. Representative (Representative must sign and date	this form	on page 2, Part II.)	
Name and address			
		Telephone No. ()	
		Fax No. ()	
to represent the taxpayer before the Tennessee Departme	ent of Re	venue for the following tax	matters:
3. Tax Matters			
Type of Tax (Sales and Use, Franchise	e, Excise	e, etc.)	Year(s) or Period(s)
 Acts AuthorizedThe representative is authorized to all acts that I can perform with respect to the tax matter consents, or other documents. The authority does not 	s describ	oed in line 3, for example, t	he authority to sign any agreements,
5. Notices and CommunicationNotices and other writt	ten comr	nunications will be sent to t	he first representative listed in line 2.
6. Signature of Taxpayer If signed by a corporate offi administrator, or trustee on befalf of the taxpayer, I certif			
Signature		 Date	Title (if applicable)
O.g.iutui O		2010	Title (II applicable)
Print Name			

PART II Declaration of Representative

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
 - a. Attorney or Certified Public Accountant
 - b. Officer or full-time employee taxpayer organization

c. Other

If this declaration of representative is not signed and dated, the power of attorney will be returned.

Designation Insert above letter (a-c)	Jurisdiction (state)	Signature	Date

Please mail this form to: Tennessee Department of Revenue Andrew Jackson Office Building 500 Deaderick Street Nashville, Tennessee 37242