

State Tax Power of Attorney (POA) Form

Section 1: Taxpayer Information

Full Name: _____ SSN or EIN: _____
Address: _____
City/State/ZIP: _____ Phone: _____
Email: _____

Section 2: Representative Authorized

I hereby appoint the following individual as my representative to act on my behalf:

Name: _____ License Type: _____
Address: _____
City/State/ZIP: _____ Phone: _____
Email: _____

Section 3: Tax Matters Authorized

This Power of Attorney applies to the following: (check all that apply)

- Income Tax - Sales/Use Tax - Corporate Tax - Payroll/Withholding Tax
 - Other (specify): _____

Tax Year(s) or Period(s): From: _____ To: _____ - All applicable years

Section 4: Authorized Actions (check all that apply)

- Receive and inspect confidential tax information
 - Represent me before the state taxing authority
 - Sign documents on my behalf (if allowed by law)
 - Make oral and written presentations
 - Other (specify): _____

Section 5: Revocation of Prior POAs

- Check if this POA revokes all prior POAs for the same tax matters and years.

Section 6: Signature Area

Taxpayer's Signature: _____ Date: _____
Printed Name: _____

Representative's Signature: _____ Date: _____
Printed Name: _____

