State Tax Power of Attorney (POA) Form

Section 1: Taxpayer Information		
Full Name:	SSN or EIN:	
	Phone:	
Email:		
Section 2: Representative A	Authorizod	
•	individual as my representative to act on my beha	lf.
	License Type:	
	License Type	<u> </u>
	Phone:	
Section 3: Tax Matters Auth		
This Power of Attorney applie	es to the following: (check all that apply)	
□ - Income Tax □ - Sales/U	se Tax 🛛 - Corporate Tax 🖾 - Payroll/Withholdin	g Tax
- Other (specify):		
	n: To: □ - All applicable	years
		years
Tax Year(s) or Period(s): Fror	n: To: □ - All applicable	years
Tax Year(s) or Period(s): Fror Section 4: Authorized Actio	n: To: □ - All applicable ns (check all that apply)	years
Tax Year(s) or Period(s): Fror Section 4: Authorized Actio □ - Receive and inspect conf	n: To: □ - All applicable ns (check all that apply) idential tax information	years
Tax Year(s) or Period(s): Fror Section 4: Authorized Actio - Receive and inspect conf - Represent me before the	n: To: □ - All applicable ons (check all that apply) fidential tax information state taxing authority	years
Tax Year(s) or Period(s): From Section 4: Authorized Action □ - Receive and inspect conf □ - Represent me before the □ - Sign documents on my be	n: To: □ - All applicable ons (check all that apply) idential tax information state taxing authority ehalf (if allowed by law)	years
Tax Year(s) or Period(s): From Section 4: Authorized Action - Receive and inspect conf - Represent me before the - Sign documents on my be - Make oral and written pre	n: To: □ - All applicable ons (check all that apply) idential tax information state taxing authority ehalf (if allowed by law) esentations	years
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