Signature



POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

GENERAL INSTRUCTIONS:

This form provides limited authority for department representatives to speak about confidential tax matters with designated third parties. Such authority is limited to the tax period, tax type and the specific issue/purpose identified herein.

While tax practitioners are encouraged to maintain appropriate declarations of authority to handle clients' tax matters within their own records, tax practitioners should not submit unsolicited REV-677 forms to the department en masse or as a matter of routine. Such forms will be disregarded.

A REV-677 form should only be submitted to an individual within the department upon an agent's request for such authorization.

If a department representative has requested a REV-677 form to authorize discussion of confidential tax matters with a third party, please return the form to the department representative as requested.

	Power of Att	corney NOTE: An orga	nization, firm	or partnership may not be	designated a	s a taxpayer	's representative.
The following to	axpayer						
Taxpayer Name				Identifying Number			
Address				City		State	ZIP
l							
hereby appoint	S						
Appointee Name(s)				Telephone Number	Preparer Ta	x Identification	on Number (PTIN)
Address				City		State	ZIP
type(s) of tax, matters with a	tax year(s) or period third-party is sough	od(s), tax return/report at is nt.		epartment of Revenue for th specific purpose for which a			
Туре	e(s) of tax	Tax Year(s) or Period(s)		Tax Return/Form		Purpose fo	r Authorization
		subject to revocation, to red tax matters, excluding the		ential information and perfor			
				ceive return checks and the			
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Title

Date

If the power of attorney is granted to a per be witnessed or notarized below.	son other than an attorney, ce	rtified public accountant or enrolled agent, the	e taxpayer's signature must						
The person signing as or for the taxpayer (check and complete one):								
is known to and signed in the prese	ence of the two disinterested w	vitnesses whose signatures appear here:							
	(Signature of Witness)								
	(Signature of Witness)								
appeared this day before a notary p	public and acknowledged this po	ower of attorney as a voluntary act and deed.							
Witness(Signature	of Notary)	(Date)	NOTARIAL SEAL						
PART II Declaration of Repr									
I declare that I am one of the following									
	_	of the jurisdiction indicated below;							
, , , , , , , , , , , , , , , , , , , ,	duly qualified to practice as a certified public accountant in the jurisdiction indicated below;								
3 a bona fide officer of the tax									
4 a full-time employee of the t									
	a member of the taxpayer's immediate family (spouse, parent, child, brother or sister);								
	a fiduciary for the taxpayer; and/or								
	Other (specify);								
and that I am authorized to represent	the taxpayer identified in Part	I for the tax matters specified therein.							
DESIGNATION (INSERT APPROPRIATE NUMBER FROM ABOVE LIST)	JURISDICTION (STATE, ETC.)	SIGNATURE	DATE						
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