Representative signature

Power of Attorney and Declaration of Representative

Rev. 7/15

1.	Taxpayer Information (Provide information for only one taxpayer per Name				form) Identification number(s)	
	Name				identification number(s)	
	Address				Daytime telephone number(s)	Fax number
	City		State	ZIP Code	Email address	
	Representative(s) I hereby appoint the following representative(s) as attorney(s)-in-fact: (attach additional pages if needed)					
	Name and address				additional pages if needed) Telephone:	
					Fax number:	
	Name and address				Email:	
					Telephone:	
					Fax number:	
					Email:	
3.	section 4 below, to perforr the power to receive funds	n any acts that I ca	in with respect oint another re	to the tax matter(s	onfidential tax information and, to listed below in this section. The sclose confidential tax information ind(s) Appeal Number(s)	is power does not includ
	section 4 below, to perforr the power to receive funds	n any acts that I ca s, substitute or app	in with respect oint another re	to the tax matter(sepresentative, or dis	 s) listed below in this section. The sclose confidential tax information 	is power does not includ
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Title

Date