



Missouri Department of Revenue  
Power of Attorney

Department Use Only  
(MM/DD/YY)

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Taxpayer Missouri Tax I.D. Number 

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Taxpayer Federal Employer I.D. Number 

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Taxpayer Social Security Number 

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All appointed representatives must sign on reverse side of this form.

Taxpayer's Name or Business Name			
Spouse's Name or if a dba, state the business name			Spouse's Social Security Number
Street Address		Missouri Charter Number	
City	State	Zip Code	Telephone Number (____) ____ - ____
E-mail Address			

<b>Representative(s)</b>	Name of Appointed Representative	Address
	Telephone Number (____) ____ - ____	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number (____) ____ - ____	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number (____) ____ - ____	E-mail Address

<b>Tax Type(s)</b>	<input type="checkbox"/> Cigarette or Other Tobacco Products	<input type="checkbox"/> Corporation Income and Corporation Franchise	<input type="checkbox"/> Personal Income
	<input type="checkbox"/> Motor Fuel	<input type="checkbox"/> Sales or Use	<input type="checkbox"/> Withholding
	<input type="checkbox"/> Other _____		

<b>Year(s) and Period(s)</b>	Only select one of the following:	
	<input type="checkbox"/> All Tax Periods	<input type="checkbox"/> Tax Year or Period(s) Only _____
	<input type="checkbox"/> Range of Tax	<input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / _____
	Tax Period Beginning ____ / ____ / _____ to Tax Period Ending ____ / ____ / _____	

<b>Removal of Power</b>	<input type="checkbox"/> All other powers of attorney on file with the Department shall remain in effect, or
	<input type="checkbox"/> By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed. _____ _____

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____





Declaration of Representative(s)

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

- 1. a member in good standing of the bar;
- 2. a certified public accountant duly qualified to practice;
- 3. an officer of the taxpayer organization;
- 4. a full-time employee of the taxpayer;
- 5. a fiduciary for the taxpayer;
- 6. an enrolled agent;
- 7. tax preparer, or
- 8. other authorized representative or agent

Note: All appointed representatives must sign below. No digital signatures allowed.

Printed Name of Representative	Signature of Representative 	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative 	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative 	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative 	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	

**Mail to:**

(Business Tax)  
Taxation Division  
P.O. Box 357  
Jefferson City, MO 65105-0357  
**Phone:** (573) 751-5860  
**Fax:** (573) 522-1722  
**E-mail:** [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

(Personal Tax)  
Taxation Division  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
**Phone:** (573) 751-3505  
**Fax:** (573) 751-2195  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

(Motor Fuel Tax)  
Taxation Division  
P.O. Box 300  
Jefferson City, MO 65105-0300  
**Phone:** (573) 751-2611  
**Fax:** (573) 522-1720  
**E-mail:** [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

(Cigarette or Other Tobacco Products Tax)  
Taxation Division  
P.O. Box 811  
Jefferson City, MO 65105-0811  
**Phone:** (573) 751-7163  
**Fax:** (573) 522-1720  
**E-mail:** [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

Form 2827 (Revised 04-2018)



Visit <http://dor.mo.gov> for additional information.



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