



Indiana Department of Revenue
POWER OF ATTORNEY
(Instructions on Back)

1)

Taxpayer(s) Name(s)		2) Indiana Taxpayer Identification Number Employer Identification Number Social Security Number Spouse's Social Security Number
D/B/A Name(s)		
Address		
City		
State	Zip Code	
Telephone #		

Hereby appoint(s) the following:

3)

Individual Representative Name			Additional Individual Representative Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone #			Telephone #		

4)

Firm/Corp. Name (If applicable)			If Firm or Corp. list Representative(s) Name		
Address			a)		
City			b)		
City	State	Zip Code	c)		
Telephone #			d)		

5)

Type of Tax (Income, Withholding, Sales, etc.)	Tax Form Number (IT-40, WH-3, ST-103, etc.)	Year(s) / Period(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

6)

I acknowledge that the designated representative has the authority to receive confidential information and full power to perform on behalf of the taxpayer in tax matters related to this Power of Attorney. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.

If I am a corporate officer, partner or fiduciary acting on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

7)

Signature _____ Date _____

Printed Name _____

Title _____ Telephone # _____