

FORM **2848GU**

(Revised April 2012)

Department of Revenue & Taxation

Power of Attorney and Declaration of Representative Business Privilege Tax Branch

Part I Power of Attorney Please type or print

1. Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 7.

Taxpayer Name and Address	Social Security Number(s)	Employer Identification Number
	Work Telephone Number	
	Home Telephone Number	

Hereby appoints the following representatives(s) as attorney(s)-in-fact:

2. Representative(s) must sign and date this form on page 2 Part II.

Name and Address	Telephone Number () _____ Fax Number () _____ Check if new Address <input type="checkbox"/> Telephone Number <input type="checkbox"/>
Name and Address	Telephone Number () _____ Fax Number () _____ Check if new Address <input type="checkbox"/> Telephone Number <input type="checkbox"/>
Name and Address	Telephone Number () _____ Fax Number () _____ Check if new Address <input type="checkbox"/> Telephone Number <input type="checkbox"/>

To represent the taxpayer before the Department of Revenue and Taxation for the following matters:

3. Tax Matters

Type of Tax	Tax form Number	Year(s) or Period(s)

4. Acts Authorized. The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks or the power to sign returns.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

5. Notices and Communications. Notices and other written communications will be sent to the first representative listed in line 2.

If you also want the second representative listed to receive such notices and communications check this box.

If you do not want any notices or communications sent to your representative(s), check this box.

