

## **Read this information first**

Attach a copy of this form to each specific tax return or item of correspondence for which you are requesting power of attorney. Do not send this form separately.

Taxpayer's name			3													
Taxpayer's identification number(s		City		State	ZIP											
Step 2: Complete th	e follow	ing information	1													
4 The taxpayer named above ap	opoints the fo	llowing representatives as	s attorneys-i	n-fact:												
Name of firm  Street address		Name Name of firm Street address			Name Name of firm Street address											
									City State	e ZIP	City	State	ZIP	City	State	ZIP
									Daytime phone number		() Daytime phone number			Daytime phone number		
E-mail address		E-mail address			E-mail address											
Specific tax type Year	Specific tax type Year or period			Specific tax type Year or period												
execute waivers of notice of disa execute consent delegate authori file a protest to a execute offers in represent the ta:	(including off llowance of a s extending t ty or substitu a proposed as a compromise xpayer before	or settlement of tax liabile the Illinois Department of	ions on asse . sessments c . lity. of Revenue ir	essment or or collection all procee	collection of deficiencies		aivers									
	letter ruling o	) pertaining to matters sp n behalf of the taxpayer.	ecified abov	e.												
6 This power of attorney revoke and years or periods covered			th the Illinois	Departme	nt of Revenue with respe	ct to the sam	ne matte									
Name		Name		Name												
Street address		Street address			Street address											
City State	e ZIP	City (	State	ZIP	City (	State	ZIP									
Daytime phone number		Daytime phone number			Daytime phone number											





News								
Name	Name	Name Street address			Name Street address			
Street address	Street address							
City State ZIF	City  City  Daytime phone nu	State	ZIP	City  ()  Daytime phone nu	State	ZIP		
Step 3: Taxpayer's signat	ure							
If signing as a corporate officer, partne power of attorney on behalf of the taxp	er, fiduciary, or individual	on behalf of the ta	axpayer, I c	ertify that I have th	ne authority to execut	e this		
Taxpayer's signature		Title, if a	oplicable		Date			
Spouse's signature		Title, if a	oplicable		Date			
If corporation or partnership, signature of of	If corporation or partnership, signature of officer or partner				Date			
Designation (attorney, C.P.A., enrolled agen	nt) Jurisdiction (s	state(s), etc.)		Signature	Date			
Designation (attorney, C.P.A., enrolled agen				Signature	Date			
	,							
Designation (attorney, C.P.A., enrolled agen				Signature	Date			
Step 5: Complete the followant an attorney, c.P.A., enrolled agent by the followant an attorney, a certification of attorney is granted to a persecutive witnessed or notarized below. Please of	ed public acco	wer of atto untant, or a ley, a certified pub	an enr	granted to	a person ot			
Step 5: Complete the following the power of attorney, a certification of attorney is granted to a period witnessed or notarized below. Please of the power of attorney is granted to a period witnessed or notarized below. Please of the taxpayer any person signing as or for the taxpayer	ed public acco rson other than an attorn check and complete one	wer of atto untant, or a ley, a certified pub of the following.	an enr	granted to	a person ot			
Step 5: Complete the following the power of attorney is granted to a per e witnessed or notarized below. Please of	ed public acco rson other than an attorn check and complete one a signed in the presence of	wer of atto untant, or a ney, a certified pub of the following.	an enr	granted to	a person ot			
Step 5: Complete the following an attorney, a certification an attorney is granted to a period witnessed or notarized below. Please of the taxpayer is known to and this document is	ed public acco rson other than an attorn check and complete one a signed in the presence of	wer of atto untant, or a ney, a certified pub of the following.	an enr	granted to	a person ot			
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Step 5: Complete the following the power of attorney, a certification of the power of attorney is granted to a perfect witnessed or notarized below. Please of the taxpayer is known to and this document is the two disinterested witnesses with the two distincted witnesses witnesses witnesses witnesses with the two distincted witnesses wi	ed public acco rson other than an attorn check and complete one s signed in the presence of whose signatures appear  Date  Date  Date  ry public and acknowledg	wer of atto untant, or a ley, a certified pub- of the following.	an enr	granted to	a person ot			

