

## POWER OF ATTORNEY AND DECLARATION OF REPRESENTATION

PART I POWER OF ATTORNEY			
Taxpayer(s) Information		For DOR Use Only	
Taxpayer Name(s) and Mailing Address	Taxpayer Social Security Number	Received by:	
	Spouse Social Security Number		
	Federal ID Number (FEIN)	Phone	
	rederal ID Nulliber (FEIN)	Date	
Hereby appoint(s) the following representative(s):  Representative Information			
Name and Mailing Address			
	Phone Number ( )		
	FAX Number ( )		
Name and Mailing Address	Phone Number ( )		
	FAX Number ( )		
Name and Mailing Address	Phone Number ( )		
	FAX Number ( )		
To represent the taxpayer(s) before the Mississipp	oi Department of Revenue in:		
Tax Matter(s) Tax Type (Income, Franchise, Sales, Insurance Premium, etc.)	Account Number	Tax Period(s)	
Tak Type (mesme, Takiemes, earles, mesmanie Tremain, early	7,0000	ran i enedjej	
Acts Authorized			
I (we) as the taxpayer(s) give authorization to the to perform any and all acts that the taxpayer(accounts described under Tax Matter(s) above documents and to represent the taxpayer(s) in a The authority of the representative(s) does not request that tax return(s) or other confidential tax person. The authority also does not include specifically added below.	s) can perform with respect to the matt, for example, the authority to sign any any informal or formal proceeding involving and cannot include the power to substitux information of the taxpayer(s) be inspection.	ters concerning the taxes and agreements, consents or other by the Department of Revenue. The another representative or to cted by or disclosed to another	
List any specific additions or deletions to the acts	otherwise authorized by this Power of Att	orney:	
Additions:			
Deletions:			
The Department of Revenue may reject a submis	ssion due to incompleteness, lack of specif	ficity, or inappropriateness.	

IF NOT SIGNED AND  Designation – Insert Above letter (a-g)	DATED, THIS PO  State Issuing License	WER OF ATTORN  State License  Number		nature	Date
IF NOT SIGNED AND	DATED, THIS PO	WER OF ATTORN	IEY WILL BE RETURI	NED.	
g. Other – Provide	explanation				
· ·		•	uirements of the IRS.		
•			diate family (i.e., spous	se, parent, child, bro	other, or sister).
d. Full-time emplo	-		•		
c. Officer – a bona					
	•	·	ctice as a certified pub	ic accountant in the	jurisdiction shown.
<ul><li>a. Attorney – a me</li></ul>	ember in good star	nding of the bar of	he highest court of the	jurisdiction shown	below.
Under penalties of perj 1) I am authorized to r 2) I am one of the follo	epresent the taxpa			er(s) specified there	⊭ and
PART II DECLAR	ATION OF REF	PRESENTATIV	<u> </u>		
	Print Nam			Phone Number	FAX Number
	Drint Now			Dhana Number	EAV Number
	Signature	e		Date	Title (if applicable)
	Print Nam	ne		Phone Number	FAX Number
	Signatur	е		Date	Title (if applicable)
IF NOT SIGNED AND	DATED, THIS PO	WER OF ATTORN	IEY WILL BE RETURI	NED.	
information contained document as the taxpa of Representation is be	in this document yer(s) or on behal	is true and correl of the taxpayer(s	ect and that he, she and acknowledge that	or they have the a at this Power of Atto	authority to sign thi orney and Declaratio
Signing is Certificati The person(s) signing				ations cortifies und	der eath that all th
Who Must Sign and If a tax matter concerns or subsidiary MUST correceiver, administrator, court or taxpayer.	s a joint return, bo ontain the signatur	oth husband and we res of a principal o	fe must sign if joint re fficer and the secretar	presentation is requ y or other officer. <i>A</i>	A guardian, executor
Who Must Sign and	What Document	ation of Authorit	v Must Po Attached		
			o, or Arronner re	O WAIT TO KEIN	AIN IN EFFECT.
Retention/Revocatio The filing of this Powe Revenue for the same check here and A	er of Attorney auto tax matter(s) cove	matically revokes ered by this docum	ent. If you do not wan	t to revoke a prior P	ower or Attorney,

State Issuing License	Number	Signature	Date

Phone: 601-923-7000