

**State of Arizona  
Department of Revenue  
Power of Attorney**

MAIL TO:  
ARIZONA DEPARTMENT OF REVENUE  
1600 W MONROE  
PHOENIX AZ 85007-2650

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

Taxpayer name(s)	Daytime telephone number ( )	Federal employer identification number
Address		Social security number
City	State	Spouse's social security number
	ZIP code	Arizona transaction privilege tax number
hereby appoints the following representative(s) as attorney(s) - in - fact:		Arizona withholding tax number

**2. Representative(s)**

Name and address _____ _____ _____	ID number _____  Telephone number ( ) _____  Fax number ( ) _____
Name and address _____ _____ _____	ID number _____  Telephone number ( ) _____  Fax number ( ) _____

**3. Tax Matters**

Tax type	Entity/Type of return				Year(s) or Period(s)
Income tax <input type="checkbox"/>	Individual Joint Return <input type="checkbox"/>	Partnership <input type="checkbox"/>			
	Individual Single Return <input type="checkbox"/>	Fiduciary-Trust <input type="checkbox"/>			
	Corporation <input type="checkbox"/>	Fiduciary-Estate <input type="checkbox"/>			
Transaction Privilege and Use Tax <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>			
	Corporation <input type="checkbox"/>				
Withholding <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>			
	Corporation <input type="checkbox"/>				
Other (Specify Tax Type) <input type="checkbox"/>					

**4. Acts Authorized**

The representative(s) is/are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents.

List any specific restrictions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**5. Notice and Communications**

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matter to:

- 1. The representative first named above, or .....
- 2. Names of not more than two of the above named representatives .....

**6. Retention/Revocation of Prior Power(s) of Attorney**

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here .....

**You must attach either (1) a copy of any power of attorney you want to remain in effect or (2) a statement describing such power of attorney.**

**7. Signature of or for Taxpayer(s)**

I hereby certify that the Director of Revenue, State of Arizona, is authorized to release any and all information in department files concerning the undersigned taxpayer and relieve said Director, or department representative, of any liability whatsoever for releasing such taxpayer information to the person(s) specified by this power of attorney. If signed by a corporate officer or partner, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

**If this power of attorney is not signed, it will be returned.**

\_\_\_\_\_  
(Signature) (Title, if applicable) (Date)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Signature) (Title, if applicable) (Date)

\_\_\_\_\_  
Print Name