12A201 (8-94) Commonwealth of Kentucky REVENUE CABINET

POWER OF ATTORNEYEY (POA) FOR KENTUCKY TAX MATTERS

⋉ Register New P	OA L	J POA Add	Iress Cha	ange [Renew POA	Cancel POA
1. Taxpayer(s) Name(s) (Print/Type	e)		Taxpaye	er's Socia	Security No(s).	For Revenue Use Only;
			SSN			Revenue File No
			SSN _			
Address			-			Receipt Date
-			Business Taxpayer's Federal			Revocation Date
City, State and ZIP Code			FEIN Taynave	 ar's Davtii	me Telephone No	Expiration Date
— Olty, Otato and Zii Oodo			/ raxpaye	1 3 Dayu	no reiephone No	
hereby appoint(s) the following inc	dividual	(c).)		
hereby appoint(s) the following individual(s): 2. Power of Attorney Name(s) and SSN or FEIN			Address	S		Telephone Number
						()
POA Name (Print/Type)		SSN/FEIN	City	State	ZIP Code	
POA Name (Print/Type)		SSN/FEIW	City	State	ZIP Code	_
						() -
POA Name (Print/Type) as an agent to represent the taxpa		SSN/FEIN efore anv off	City fice of th	State ne Kentu	ZIP Code ckv Revenue Cab	linet (KRC) for the following tax matter
Type of tax must be specified. Tax y	ears or	periods are o	ptional ex	cept for	inheritance tax Da	te of death must be reported for inheritar
tax matters. If this case is assigned to the		Division of Col	lections, s	pecify the	Collection Case Nu	• • • • • • • • • • • • • • • • • • • •
(Require Type of tax and acc		mher			Tax	(Optional) year(s) or period(s)
(Individual, corporate, sa						ydd(yy—mm/dd/yy
		, , , , ,		Requ	uired only if information	to be disclosed is limited to specific tax periods
TaxType/Account No	Ta	x Type/Account	t Na	4		•
1. Individual Income 3.	2.		— ·	1.		2. 4.
For Collection Cases						
	e above	specified tax	matters	(excludir		ation and to perform any and all acts the eceive refund chocks). List any POA lim
The agent is authorized, subject to revoc he taxpayer can perform regarding the a ions below. Indicate if you are granting t	above sp	ecified tax mat	tters (excl	luding the		
						above tax matters to the representative ications to the taxpayer named above, or
Send copies of all notices and all of to:	ther writte	en communica	ations tha	t are add	ressed to the taxpa	ayer(s) regarding the above tax matters
1. the representa					agents named ab	nove
This power of attorney revokes all earlie						
for the same tax matters and years or		·				•
	(Spe	ecify exceptions	s and to w	rhom grar	nted, date and addre	ess.)
X						
Taxpayer(s) Signature					Title (if applicable	e) Da