



Missouri Department of Revenue
Power of Attorney

All appointed representatives must sign on reverse side of this form.

Form header section containing fields for Taxpayer's Name or Business Name, Social Security Number or Federal I.D. Number, Spouse's Name or if a dba, state the business name, Spouse's SSN or Federal I.D. Number, Street Address, Missouri Tax I.D. Number, City, State, Zip Code, Missouri Charter Number, E-mail Address, and Telephone Number.

Table with 2 columns: Representative(s) and Address. Multiple rows for listing appointed representatives, including fields for Name of Appointed Representative, Telephone Number, and E-mail Address.

Tax Type(s) and Form(s) selection section. Includes checkboxes for Cigarette or Other Tobacco Products, Corporate Income or Franchise, Personal Income, Motor Fuel, Sales or Use, Withholding, Other, All Forms, All Registration Forms, and Only Form(s).

Year(s) and Period(s) selection section. Includes checkboxes for All Tax Periods, Tax Year or Period(s) Only, Range of Tax Periods or Years, and Date of Death (if estate tax).

Courtesy Mailings section. Contains text regarding authorization of attorney-in-fact and options for how tax information should be sent to the representative.

Removal of Power section. Contains checkboxes for whether other powers of attorney remain in effect or are revoked, and a field for specifying exceptions to revocation.

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

| | | |
|-----------|-------------------------------------|--|
| Name | Title (if applicable) | |
| Signature | Date (MM/DD/YYYY) ____/____/____ | Taxpayer Telephone Number (____)____-____ |
| Name | Title (if applicable) | |
| Signature | Date (MM/DD/YYYY) ____/____/____ | Taxpayer Telephone Number (____)____-____ |

Declaration of Representative(s)

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

1. a member in good standing of the bar of the highest court of the jurisdiction indicated below;
2. a certified public accountant duly qualified to practice in the jurisdiction indicated below;
3. an officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. an enrolled agent;
7. tax preparer, or
8. other authorized representative or agent

Note: All appointed representatives must sign below.

| | | |
|--|-----------------------------|-------------------------------------|
| Name of Representative | Signature of Representative | Date (MM/DD/YYYY) ____/____/____ |
| Designation (Please circle number from list above) 1. 2. 3. 4. 5. 6. 7. 8. | Title (if applicable) | Jurisdiction (State, etc.) |
| Name of Representative | Signature of Representative | Date (MM/DD/YYYY) ____/____/____ |
| Designation (Please circle number from list above) 1. 2. 3. 4. 5. 6. 7. 8. | Title (if applicable) | Jurisdiction (State, etc.) |
| Name of Representative | Signature of Representative | Date (MM/DD/YYYY) ____/____/____ |
| Designation (Please circle number from list above) 1. 2. 3. 4. 5. 6. 7. 8. | Title (if applicable) | Jurisdiction (State, etc.) |
| Name of Representative | Signature of Representative | Date (MM/DD/YYYY) ____/____/____ |
| Designation (Please circle number from list above) 1. 2. 3. 4. 5. 6. 7. 8. | Title (if applicable) | Jurisdiction (State, etc.) |

Mail to:

(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov



Visit <http://dor.mo.gov/> for additional information.