



PART I POWER OF ATTORNEY

| Taxpayer(s) Information | | For DOR Use Only |
|--------------------------------------|---------------------------------|-------------------------|
| Taxpayer Name(s) and Mailing Address | Taxpayer Social Security Number | Name _____ |
| | Spouse Social Security Number | Bureau _____ |
| | Federal ID Number (FEIN) | Phone _____ |
| | | Date _____ |

Hereby appoint(s) the following representative

| 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 Mississippi Department of Revenue ("Department")

| Tax Matters | | |
|---|-----------------------|----------------------|
| Tax Type (Income, Franchise, Sales, Insurance Premium, etc.) | Account Number | Tax Period(s) |
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Acts Authorized

The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters concerning the taxes and accounts described under Tax Matters above, for example, the authority to sign any agreements, consents or other documents and to represent the taxpayer(s) in any informal or formal proceeding involving the Department. The authority of the representatives does not and cannot include the power to substitute another representative or to request that tax return(s) or other confidential tax information of the taxpayer(s) be inspected by or disclosed to another person. The authority also does not include the authority to receive tax refund checks or to sign returns unless specifically added below.

List any specific additions or deletions to the acts otherwise authorized by this power of attorney:

Additions: _____

Deletions: _____

The Department may reject a submission due to incompleteness, lack of specificity, or inappropriateness.

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 for the same tax matters and tax periods covered by this document. If you do not want to revoke a prior Power or Attorney,

check here and **ATTACH A COPY OF THE POWER(S) OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

Signature of Taxpayer(s)

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, conservator, executor, receiver, administrator, conservator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. A corporation or subsidiary MUST contain the signatures of a principal officer and the secretary or other officer. A guardian, executor, receiver, administrator, conservator or trustee MUST attach the appropriate documentation granting the authority from the court or taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

| | | |
|---------------------|-----------------------|--------------------------------|
| _____ Signature | _____ Date | _____ Title (if applicable) |
| _____ Print Name | _____ Phone Number | _____ FAX Number |
| _____ Signature | _____ Date | _____ Title (if applicable) |
| _____ Print Name | _____ Phone Number | _____ FAX Number |

ACKNOWLEDGMENT

State of _____ County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____, DATE

who acknowledged to me that _____ executed the above and foregoing instrument as _____, TAXPAYER(S)
HE / SHE / THEY TAXPAYER(S) OR TITLE

on behalf of the taxpayer(s) identified in Taxpayer(s) Information of PART I of this instrument, after having been duly authorized by said taxpayer(s) so to do.

My Commission Expires:

(SEAL)

Notary Public

PART II DECLARATION OF REPRESENTATIVE

Under penalties of perjury and Miss. Code Ann. §97-7-10, I declare that:

- 1) I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there: and
- 2) I am one of the following:
 - a. Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant – duly authorized to practice as a certified public accountant in the jurisdiction shown.
 - c. Officer – a bona fide officer of the taxpayer’s organization.
 - d. Full-time employee – a full time employee of the taxpayer.
 - e. Family Member – a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister.)
 - f. Other – Provide explanation _____

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| Designation – Insert Above letter (a-f) | State Issuing License | State License Number | Signature | Date |
|---|-----------------------|----------------------|-----------|------|
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