



**STATE OF MAINE**  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0024

## LIMITED POWER OF ATTORNEY FORM

Please read, fill out, and sign this form if you wish to appoint an attorney-in-fact (“AIF”). Your tax record information kept by MRS is confidential by law. This includes all returns and filings made by you. This form allows MRS to discuss your tax record information with your AIF. Your tax records are all your tax information on file with MRS.

I understand that my tax records are confidential under State law.

I authorize my named AIF to discuss information in my tax records with MRS.

I authorize MRS to discuss information in my tax records with my named AIF.

Name of AIF (print): \_\_\_\_\_

Address of AIF: \_\_\_\_\_

Ph. Number : \_\_\_\_\_

Tax Type: \_\_\_\_\_ Tax Period: \_\_\_\_\_

Name of Taxpayer (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number/Tax ID Number : \_\_\_\_\_

Address of Taxpayer : \_\_\_\_\_

Ph. Number : \_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature, Title

\_\_\_\_\_  
Date