



MISSOURI DEPARTMENT OF REVENUE
POWER OF ATTORNEY

PLEASE TYPE OR PRINT (Submission of a DOR-2827, Power of Attorney, by a taxpayer is not in itself sufficient as official notice to the Department of Revenue of an address change.)

TAXPAYER'S NAME OR BUSINESS NAME		SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER
SPOUSE'S NAME OR IF A D/B/A, STATE THE BUSINESS NAME		SPOUSE'S SSN/FEDERAL I.D. NUMBER
STREET ADDRESS		MISSOURI TAX I.D. NUMBER
CITY OR TOWN, STATE, ZIP CODE	TELEPHONE NUMBER () - -	MISSOURI CHARTER NUMBER
E-MAIL ADDRESS		

TAXPAYER(S) HEREBY APPOINTS (Please print or type - attach additional forms if needed)

NAME OF APPOINTED REPRESENTATIVE	ADDRESS
TELEPHONE NUMBER () -	E-MAIL
NAME OF APPOINTED REPRESENTATIVE	ADDRESS
TELEPHONE NUMBER () -	E-MAIL
NAME OF APPOINTED REPRESENTATIVE	ADDRESS
TELEPHONE NUMBER () -	E-MAIL
NAME OF APPOINTED REPRESENTATIVE	ADDRESS
TELEPHONE NUMBER () -	E-MAIL

as attorney(s)-in-fact to represent taxpayer(s) before the Missouri Department of Revenue, with respect to the following tax matter(s) (the tax type and year(s) to which this form applies must be listed below):

TYPE OF TAX	MISSOURI TAX FORMS	YEAR(S) OR PERIOD(S) (DATE OF DEATH IF ESTATE TAX)
<input type="checkbox"/> Withholding <input type="checkbox"/> Sales/Use <input type="checkbox"/> Corporate Income/Franchise <input type="checkbox"/> Cigarette/Other Tobacco Products	<input type="checkbox"/> Individual <input type="checkbox"/> Motor Fuel <input type="checkbox"/> Other _____ <input type="checkbox"/> All Forms <input type="checkbox"/> All Registration Forms <input type="checkbox"/> Form (s) _____ Only	<input type="checkbox"/> All Periods <input type="checkbox"/> Tax Year/Period(s) Only _____ <input type="checkbox"/> _____ to _____ <input type="checkbox"/> Date of death _____

Each attorney-in-fact is authorized, subject to revocation, to receive confidential information and perform any and all acts that the taxpayer(s) can perform with respect to the above specified tax matters, but not the power to endorse or receive checks in payment of any refunds or to represent the taxpayer/business in any proceeding before the Administrative Hearing Commission.

Information involving the above tax matter(s) may be sent as indicated below: Failure of representative to receive notice does not relieve the taxpayer of responsibility to respond to notices.

- 1. The representative first named above; or
- 2. The following named representative(s) (no more than two): _____

Revocation of prior Powers of Attorney (Must check one of the boxes below)

- All other powers of attorney on file with the Department shall remain in effect; or
- By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed.

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

SIGNATURE OF, OR FOR, TAXPAYER(S)

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 ____/____/____	TAXPAYER TELEPHONE NUMBER (____)____-____
NAME	TITLE (IF APPLICABLE)	
SIGNATURE	DATE ____/____/____	TAXPAYER TELEPHONE NUMBER (____)____-____

DECLARATION OF REPRESENTATIVE

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 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

and that I am authorized to represent the taxpayer(s) identified above for the tax matters there specified.

Note: All appointed representatives must sign below.

NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE 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 ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE 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 ____/____/____
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NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ____/____/____
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE) 1. 2. 3. 4. 5. 6. 7. 8.	TITLE (IF APPLICABLE)	JURISDICTION (STATE, ETC.)

Please send completed forms to:

Missouri Department of Revenue
Taxation Division
PO Box 357
Jefferson City, MO 65105-0357
Fax: (573) 522-1722
(If reporting Business Tax)

Missouri Department of Revenue
Taxation Division
PO Box 2200
Jefferson City, MO 65105-2200
Fax: (573) 751-2195
(If reporting Personal Tax)

Missouri Department of Revenue
Taxation Division
PO Box 300
Jefferson City MO 65105-0300
Fax: (573) 522-1720
(If reporting Motor Fuel Tax)

Missouri Department of Revenue
Taxation Division
PO Box 811
Jefferson City MO 65105-0811
Fax: (573) 522-1720
(If reporting Cigarette Tax or
Other Tobacco Products Tax)