POA - 1
Rev. 3/07
SF 49357

INDIANA DEPARTMENT OF REVENUE
POWER OF ATTORNEY
(Instructions on Back)

1)

Taxpayer(s) Name(s)

D\B\A Name(s)

Address

City

State Zip Code

Telephone # ( )

2)

Indiana Taxpayer Identification Number

Employer Identification Number

Social Security Number

Spouse's Social Security Number

Hereby appoint(s) the following :

3)

Individual Representative Name	Additional Individual Representative Name
Address	Address
City State Zip Code	City State Zip Code
Telephone # ( )	Telephone # ( )

4)

Firm/Corp. Name (If applicable)	If Firm or Corp. list Representative(s) Name a)
Address	b)
City State Zip Code	c)
Telephone # ( )	d)

5)

Type of Tax (Income, Withholding, Sales, etc.)	Tax Form Number (IT-40, WH-3, ST-103, etc.)	Year(s) / Period(s)
Income Tax		

6)

I acknowledge that the designated representative has the authority to receive confidential information and full power to perform on behalf of the taxpayer in tax matters related to this Power of Attorney. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.

If I am a corporate officer, partner or fiduciary acting on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

7)

Signature X _____ Date _____

Title _____ Telephone # ( ) _____