

# KANSAS DEPARTMENT OF REVENUE POWER OF ATTORNEY

1. **TAXPAYER INFORMATION.** Include spouse's name if this is for a joint return. If the taxpayer is a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4. (If you have any questions about how to complete this form, please see the instructions on the back).

Taxpayer's Name. (If a business include both legal name and dba name.)				Taxpayer's Social Security #
Address	City	State	Zip Code	EIN/SSN
Spouse's Name				Spouse's Social Security #
Address (if different)	City	State	Zip Code	Area Code & Phone Number

2. **TAXPAYER GRANT OF POWER OF ATTORNEY.**

**HEREBY APPOINT THE FOLLOWING ATTORNEY, ACCOUNTANT, OR OTHER REPRESENTATIVE AS MY ATTORNEY-IN-FACT:**

Representative's name and title. <i>If a member of a firm, enter both the representative's name and the firm name.</i>	Phone number
Address	Fax number
City, State, Zip Code	EIN/SSN
Representative's name and title. <i>If a member of a firm, enter both the representative's name and the firm name.</i>	Phone number
Address	Fax number
City, State, Zip Code	EIN/SSN

**TO REPRESENT ME BEFORE THE KANSAS DEPARTMENT OF REVENUE FOR THE FOLLOWING TAX MATTERS:**

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)

**AUTHORIZED ACTS.** For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- |  |   |
|--|---|
| <input type="checkbox"/> Receive and inspect my confidential tax information.<br><input type="checkbox"/> Represent me in tax matters before the department. | <input type="checkbox"/> Sign any agreement, consent, or other document on my behalf.<br><input type="checkbox"/> Perform any act that I can perform with respect to the tax matter listed above. |
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List any specific addition or deletion to the acts that are otherwise authorized in this power of attorney. See Instructions.

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**Retention/revocation of prior Powers of Attorneys.**

**I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.**

- Check this box if you DO NOT wish to revoke a prior power of attorney. You **must** attach a copy of any power of attorney you want to remain in effect.

3. **SIGNATURE OF TAXPAYER OR TAXPAYERS.** If a tax matter concerns a joint return, both the husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

X

(Signature)	(Printed Name)	(Date)
(Signature)	(Printed Name)	(Date)

4. **SIGNATURE OF REPRESENTATIVE OR REPRESENTATIVES.**

(Signature)	(Printed Name)	(Date)
(Signature)	(Printed Name)	(Date)