

## POWER OF ATTORNEY (POA) FOR KENTUCKY TAX MATTERS

Register New POA    
  POA Address Change    
  Renew POA    
  Cancel POA

|   |  |  |
|---|--|--|
| Taxpayer(s) Name(s) (Print/Type)<br><br>Address _____<br><br>City, State and ZIP Code _____ | Taxpayer's Social Security No(s).<br>SSN _____<br>SSN _____<br>Business Taxpayer's Federal ID No.<br>FEIN _____ - _____<br>Taxpayer's Daytime Telephone No.<br>(     )     -     _____ | <b>For Revenue Use Only</b><br>Revenue File No _____<br>Receipt Date _____<br>Revocation Date _____<br>Expiration Date _____ |
|---|--|--|

hereby appoint(s) the following individual(s):

| 2. Power of Attorney Name(s) and SSN or FEIN | Address                               | Telephone Number        |
|--|---------------------------------------|-------------------------|
| POA Name (Print/Type) _____ SSN/FEIN _____   | City _____ State _____ ZIP Code _____ | (     )     -     _____ |
| POA Name (Print/Type) _____ SSN/FEIN _____   | City _____ State _____ ZIP Code _____ | (     )     -     _____ |
| POA Name (Print/Type) _____ SSN/FEIN _____   | City _____ State _____ ZIP Code _____ | (     )     -     _____ |

as an agent to represent the taxpayer(s) before any office of the Kentucky Revenue Cabinet (KRC) for the following tax matter(s). **Type of tax must be specified.** Tax years or periods are optional except for inheritance tax. Date of death must be reported for inheritance tax matters. If this case is assigned to the KRC's Division of Collections, specify the Collection Case Number in appropriate block.

| (Required)   |                            | (Optional)  |          |
|--|----------------------------|---|----------|
| Type of tax and account number<br>(Individual, corporate, sales and use, etc.) |                            | Tax year(s) or period(s)<br>mm/dd/yy – mm/dd/yy<br><i>Required only if information to be disclosed is limited to specific tax periods</i> |          |
| Tax Type/Account No. _____   | Tax Type/Account No. _____ | 1. _____  | 2. _____ |
| 3. _____   | 4. _____                   | 3. _____  | 4. _____ |

**For Collection Cases**     Collection Case Number(s) ►

The agent is authorized, subject to revocation by the taxpayer, to receive confidential information and to perform any and all acts that the taxpayer can perform regarding the above specified tax matters (excluding the power to receive refund checks). List any POA limitations below. Indicate if you are granting the agent the power to sign the return.

- Send **originals** of all notices and all other written communications in proceedings involving the above tax matters to the representative or agent first named above, and a duplicate copy of all notices and all other written communications to the taxpayer named above, or
- Send **copies** of all notices and all other written communications that are addressed to the taxpayer(s) regarding the above tax matters to:
- 1. the representative or agent first named above, or
  - 2. names of not more than two of the representatives or agents named above.

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Kentucky Revenue Cabinet the same tax matters and years or periods covered by this power of attorney, except the following: \_\_\_\_\_

*(Specify exceptions and to whom granted, date and address.)*

X

Taxpayer(s) Signature

Title (if applicable)

Date