

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). 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.

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

DECLARATION OF REPRESENTATIVE

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; or
7. other

and that I am authorized to represent the taxpayer 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)		JURISDICTION (STATE, ETC.)
1. 2. 3. 4. 5. 6. 7. OTHER _____		
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ___/___/___
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)		JURISDICTION (STATE, ETC.)
1. 2. 3. 4. 5. 6. 7. OTHER _____		
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ___/___/___
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)		JURISDICTION (STATE, ETC.)
1. 2. 3. 4. 5. 6. 7. OTHER _____		
NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE ___/___/___
DESIGNATION (PLEASE CIRCLE APPROPRIATE NUMBER FROM LIST ABOVE)		JURISDICTION (STATE, ETC.)
1. 2. 3. 4. 5. 6. 7. OTHER _____		

Please send completed forms to:

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

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