

5. Tax Matters and Tax Years Covered by this Form

Your representative is authorized to inspect, receive and discuss confidential information for the tax types and tax years you authorize by checking the appropriate boxes below. If tax matters and tax periods are not specified, this written authorization will not be in effect.

- Individual Income Tax
- Withholding Tax
- Corporation License Tax
- Lodging Facilities Tax
- Rental Vehicle Tax
- Combined Oil and Gas Tax
- Other, please specify _____

Please specify Tax Years:

6. Signature

If a tax matter concerns a joint return, both husband and wife must sign if they give decision making authority to the representative. A signature by both is not required in any other circumstance. A signature by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee on behalf of the taxpayer, is a certification by the representative that they have the authority to execute the form on behalf of the taxpayer.

This Power of Attorney will not be honored if it is not signed and dated.

X		
Signature	Date	Title (if applicable)

X
Print Name

Signature of Spouse (if applicable)	Date	Title (if applicable)

Print Name of Spouse

This authorization form takes effect upon receipt by the Montana Department of Revenue and remains in effect until revoked. This authorization to disclose taxpayer information does not affect the routine mailing of tax forms, refund checks, original notices or other original communications, which will continue to be sent only to the taxpayer.

7. Filing this Form

Mail or fax the completed form directly to the Montana Department of Revenue.

Montana Department of Revenue
 Legal Services, Disclosure Office
 125 N. Roberts
 PO Box 7701
 Helena, MT 59604-7701

Fax (406) 444-3696. If you are already working with a department employee, please feel free to fax your completed form directly to that person.