

Power of Attorney

• Read instructions on reverse side

TAXPAYER'S NAME AND ADDRESS

Please Type or Print

Name of Taxpayer	Business Name
Street or Other Mailing Address	Business (Street or Other Mailing Address)
City State Zip Code	City State Zip Code
Nebraska Identification Number or Social Security Number	Federal Identification Number or Social Security Number

ATTORNEY-IN-FACT'S NAME AND ADDRESS

Name	Name
Firm Name	Firm Name
Street or Other Mailing Address	Street or Other Mailing Address
City State Zip Code	City State Zip Code
Area Code Telephone Number ()	Area Code Telephone Number ()

The taxpayer whose name appears above appoints the above-named attorney-in-fact for purposes of duly-authorized representation in any proceedings with the Nebraska Department of Revenue with respect to those tax matters and tax periods indicated below:

Tax Category	Tax Matter of Representation	Tax Period
INDIVIDUAL INCOME	CLAIM FOR REFUND	

The attorney-in-fact designated on this form shall have the authority to receive confidential information on behalf of the taxpayer listed above and the power to perform the following acts with respect to the designated tax matters: (Strike through any of the following which are not granted.)

- To fully represent the taxpayer in any hearing, determination or appeal;
- To enter into any compromise with the Nebraska Department of Revenue;
- To execute waivers (including offers of waivers) of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund;
- To execute consents extending the statutory period for assessment or collection of taxes;
- To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest;
- To receive all notices and other written communications with respect to the taxpayer in proceedings involving the above matters; if more than one attorney-in-fact is named, enter name of the attorney-in-fact to receive the notices _____;
- To perform other acts. (Be specific.) _____

This Power of Attorney revokes all prior powers of attorney on file with the Nebraska Department of Revenue with respect to the same tax matters and tax periods listed above, except the following: _____

If signed by a corporate officer, partner, member, LLC manager, or fiduciary on behalf of the taxpayer, I hereby certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

**sign
here**

<input checked="" type="checkbox"/> Signature _____	Date _____
<input checked="" type="checkbox"/> Print Name _____	Title, If Applicable _____
<input type="checkbox"/> Signature _____	Date _____
<input type="checkbox"/> Print Name _____	Title, If Applicable _____