APPOINTMENT OF TAXPAYER REPRESENTATIVE
(TYPE OR PRINT)

1. Taxpayer Information (if matter involves a joint income return, enter both names if joint representation is requested).

Trusts: Enter the name and EIN of the trust, name and address of the trustee.
Estates: Enter the name and EIN of the estate, name and address of the executor or administrator.

Taxpayer's Name	Social Security number
Spouse's/CU Partner's Name	Social Security number
Mailing Address	NJ Taxpayer ID number (if other than SS#)
City State Zip	Name and Address of Trustee or Executor

Taxpayer is:

☒ Individual (for an income or individual use tax return filed by that individual, or a joint income tax return filed by the individual and his/her spouse/cu partner).

☐ Corporation ☐ Partnership ☐ Sole Proprietorship
☐ Estate ☐ Limited Liability Company ☐ Trust (other than a business trust)
☐ Other: _____

2. Representative Information (representative(s) must date and sign on page 2).

The taxpayer(s) named above hereby appoints the person(s) named below as his/her/their taxpayer representative.

Name and Address	Telephone Number: Fax Number: Taxpayer ID:
Name and Address	Telephone Number: Fax Number: Taxpayer ID:

To represent the taxpayer(s) before the State for the following tax matter(s):

3. Tax Matters

☐ All tax matters
☒ Specific tax matters listed below:

Type of Tax (NJ Gross Income, Sales and Use, Corporate Business, Employment, etc.)	Year(s) & Period(s)
Individual Income Tax	

4. Acts Authorized. The representative(s) is/are authorized to receive and inspect confidential tax records and is/are granted full power to act with respect to the tax matters described in section 3 above, and to do and perform all such acts as I could do or perform. The authority does not include the power to endorse a refund check.

☐

Taxpayer Signature	Date	Title (if applicable)
Taxpayer Signature	Date	Title (if applicable)

5. Notices and Communications. Original notices and other written communications will be sent to you and a copy (other than automated computer notices), to the first representative listed in Section 2 unless you check one or more of the boxes below.

☐ I do not want any notices or communications sent to my representative(s).
☐ The second representative listed in section 2 should also receive a copy of notices and/or communications (other than automated computer notices).

6. Retention/Revocation of Prior Appointment(s) or Power(s). The filing of this Appointment of Taxpayer Representative automatically revokes all earlier Appointment(s) of Taxpayer Representative and/or Power(s) of Attorney on file with the Division of Taxation for the same tax matters and years or periods covered by this document unless the box below is checked.

☐ Check here if you do not want to revoke any prior Appointment(s) of Taxpayer Representative or Power(s) of Attorney. Attach copies of previous Appointment or Power that you do not want to revoke.

7. Signature of Taxpayer(s). If a tax matter concerns a joint return, both primary and spouse/cu partner must sign below if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer(s).

THIS APPOINTMENT OF TAXPAYER REPRESENTATIVE IS VOID IF NOT SIGNED AND DATED.

I/We declare under penalty of law that I/We have examined this document and that all information included is true and correct to the best of my/our knowledge, information and belief.

☐ _____ _____ _____
Taxpayer Signature | Date | Title (if applicable)

☐ _____
Print Name

_____ _____ _____
Taxpayer Signature | Date | Title (if applicable)

_____
Print Name

8. Acceptance of Representation and Sample Signature.

I/We hereby accept appointment as representative(s) for taxpayer(s) who has/have executed this Appointment of Taxpayer Representative.

_____ _____ _____
Representative Signature | Date | Title (if applicable)

_____
Print Name

_____ _____ _____
Representative Signature | Date | Title (if applicable)

_____
Print Name