



**Tax Information Authorization
and
Power of Attorney for Representation**

FOR OFFICE USE ONLY
Date received

• Please print. • Use only blue or black ink. • See additional information on the back.

Taxpayer name		Identifying number (SSN, BIN, FEIN, etc.)	
Spouse's/registered domestic partner's (RDP) name, if joint return		Spouse's/RDP's identifying number (SSN, etc.)	
Address	City	State	ZIP Code

Check only one:

Tax Information Authorization: This form allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm, or organization.

Power of Attorney for Representation: (See qualification requirements on the back). Check if you want a person to "represent" you. This means the person may receive confidential information and may make decisions on your behalf. The person you designate **must** meet the ORS 305.230 qualifications listed on the back of this form.

Representative's title and **Oregon** license number or relationship to taxpayer: _____

For **All tax years,** or **Specific tax years:** _____,

I hereby appoint the following person as designee or authorized representative:

Name	Telephone number ()	Fax number ()
Mailing address	City	State ZIP code

The above named is authorized to receive my confidential tax information and/or represent me before the Oregon Department of Revenue for:

All tax matters, or

Specific tax matters. Enter tax program name(s): _____

SIGNATURE OF TAXPAYER(S)

- I acknowledge the following provision: Actions taken by an authorized representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): By signing, I also certify that I have the authority to execute this form.
- If a tax matter concerns a joint return, both spouses/RDPs must sign if joint representation is requested. Taxpayers filing jointly may authorize separate representatives.

Signature X	Print name	Date
Title (if applicable)	Daytime telephone number ()	
Spouse/RDP (if joint representation) X	Print name	Date

Qualifications for representation are on the back ->

Note: This authorization form automatically revokes and replaces all earlier tax authorizations and/or all earlier powers of attorney on file with the Oregon Department of Revenue for the **same** tax matters and years or periods covered by this form. If you **do not** want to revoke a prior authorization, initial here _____.

Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.

Please complete the following, if known (for routing purposes only):

Revenue Employee: _____
Division/Section: _____
Telephone/Fax: _____

Send to: Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

If this tax information authorization or power of attorney form is not signed, it will be returned.